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ORIGINAL DEPARTMENT.

LECTURE.

CLINICAL LECTURE ON THE DISEASES OF WOMEN.

DELIVERED AT THE COLLEGE OF PHYSICIANS AND
SURGEONS, NEW YORK.

BY PROF. T. GAILLARD THOMAS.

Infantile Leucorrhœa.

GENTLEMEN: The little girl, nine years old, whom I first bring before you, is suffering from a very profuse leucorrhœa, which, her mother informs me, she has been unable to cure by any of the remedies which she has employed, and which has now lasted for two months. I, of course, made a vaginal examination, and, on separating the labia, I found that the whole vulva was about the color of red flannel, and bathed with a copious leucorrhœal discharge. The meatus urinarius was also seen to be in the same condition, and urethritis has, no doubt, been set up by the spreading of the irritation. If it had been necessary, I could have introduced a small glass speculum into the vagina; but this was not required to make a diagnosis, as I saw exactly what was the matter without resorting to this.

Not infrequently mothers will bring their little girls to you in this condition, and they will sometimes be in a state of great agitation, because they are afraid the trouble has been the result of injury done the children. There is ordinarily no reason whatever to suspect anything of the kind, and you can at once quiet the anxious mother's mind. The affection is a perfectly simple one, and is perfectly curable also. What is it, then?

It is generally known as infantile leucorrhœa; but infantile vaginitis would be a better term for it.

Now as to its causes. One of the most frequent of these is neglect of hygienic precautions. There is generally no intentional neglect on the part of the mother or nurse; but, on account of the undeveloped condition of the part, an accumulation of hardened secretion sometimes collects in the same way as that which not infrequently gives rise to balanitis in the male child. Another common cause is the depreciated condition of the child's system, such as that due to *spanæmia*, in which all the mucous membranes are apt to become more or less affected. Thus, there is often gastric and intestinal, as well as nasal catarrh. A third cause that may be mentioned is reflex influence from the rectum. The cause of the irritation in the rectum is usually *ascarides*, and an afflux of blood to the part is caused by the itching and irritation.

In some instances, the *ascarides*, by getting into the vagina itself, are the direct cause of the trouble. The prognosis of this affection is, that it can be cured at once if it is properly treated.

In the treatment, the first thing to do is to see if there are any worms present, and if so (or there is any reason to suspect that such is the case), use an injection of warm salt water, as this form of *ascaris* (the *ascaris vermicularis*), as well as others, is unfavorably affected by salt. The next thing to do is to get the child's general system in the best condition possible by appropriate food, iron, vegetable tonics, and the hypophosphites. It is better to depend on nourishing diet, however, than on medicinal agents. If after the worms

have been gotten rid of the vaginal irritation and discharge should continue, or if no worms should be found to be present, local treatment will be required. The vagina should be thoroughly washed out by means of a syringe provided with a small nozzle, which ought to be well oiled before being introduced. In order that the canal may be perfectly cleansed, the child should be placed upon the back. In some cases the mere removal of the accumulated secretion, which is a constant source of irritation, is all that is necessary; but if the trouble has gone on for some time, this may not be sufficient. Something further is then needed, and one of the best applications to use is the old-fashioned black wash (calomel and lime-water) in the strength of one ounce to the pint of water. Before using this, (which should be done twice a day) an injection of simple warm water should be made. I have never yet seen a case of infantile leucorrhœa that could not be cured by such treatment as this; so that there is no necessity of resorting to astringents and nitrate of silver, which may perhaps do harm. If it is adopted here, I have no doubt that in less than two weeks this child will be entirely well.

But there is one mistake which is apt to be made by the physician in these cases, on account of which a much longer time may be required for a case than is at all necessary, and that is, the failure on his part to show the mother or nurse how to introduce the nozzle of the syringe properly. Mothers, unless they are especially instructed in regard to this point, never carry the nozzle more than an eighth of an inch up into the vagina, and as it is above this that the degenerating pus is found, there will be no improvement, simply because the injections fail to reach the real source of trouble. It is not enough even to show the mother how to use the syringe, but you should also watch her do it, and see that the upper part of the vagina is reached. In a child of this age, the rectal tube of a Davidson syringe should be employed.

Recurring Attacks of Pelvic Peritonitis in Connection with Ovaritis and Salpingitis.

Our next patient is Mrs. Mary H., a native of the United States, and 33 years of age, who has been married for ten years. She has had two children, and the youngest is now seven years old. She says she got quite well after the birth of her last child; but has been complaining for more than six years. She nursed the child for about seven months, when her menses came on, and since that time she has never been well.

This is not an uncommon history: the trouble not commencing at child-birth, but with the resumption of ovulation. Since she has stopped nursing the child, she says she has had constant pain in the lower part of the abdomen, and twice she has been very much bloated. The first time that this bloating occurred, she did not suffer much pain with it; but the second time it was accompanied with very severe pain, and she was confined to bed for a time. The second attack lasted for about two months. In regard to her menstrual periods, she says she does not have much more pain than usual at that time, but that she has considerable pain for three or four days before the flow, and that it is somewhat relieved by the latter. She sometimes has backache in addition to the constant abdominal pain, but is always able to attend to her household duties.

When a vaginal examination was made in this case, it was found that the uterus was in its normal position, and, on mapping it out, by means of conjoined manipulation, that there was more or less fixation of the organ. On either side of the uterus was discovered a mass which was tender under pressure, and which extended outwards. The fixation of the uterus indicates with certainty that the patient has had pelvic peritonitis; and there can be little doubt that the two attacks of which she has spoken were of this nature. The bloating which she mentioned, and which she thought was dropsy, was in all probability the tympanites which so frequently accompanies pelvic peritonitis.

What is the diagnosis here? All the gentlemen who have examined the case, agree with me in believing that both the fallopian tubes, as well as both the ovaries, are enlarged, since these parts can be mapped out with unusual ease in this instance. It is altogether probable, therefore, that after she ceased nursing her child, she became affected with chronic ovaritis and chronic salpingitis. Mr. Lawson Tait, the distinguished English surgeon, has recently pointed out the fact that repeated attacks of pelvic peritonitis occur as a result of this condition of the ovaries and tubes. Up to the time that Mr. Tait's paper appeared in the *British Medical Journal* last summer, I had never had my attention called to this point, and consequently my experience has not yet been very extensive in regard to it; but I have already seen enough to convince me that he is quite right in attributing these recurring attacks of pelvic peritonitis to the escape of irritating fluid from the inflamed tubes into the peritoneum. In the present instance, the first attack

of peritonitis was evidently very light; but the second one seems to have been considerably more severe. Although the tubal enlargements can apparently be made out with unusual clearness in this case, the diagnosis, you must understand, is not a positive one.

I have now operated in five cases where the same diagnosis was made, but they were all cases in which the patient's sufferings had become intolerable. The fifth operation was performed only four days ago. The patient was completely bed-ridden, and had become so addicted to the use of opium that she required no less than ten grains of sulphate of morphia by hypodermic injection each day. Sometimes she has taken as much as sixteen grains in the twenty-four hours. To-day, for the first time, her allowance of the drug has been diminished. Her ovaries and fallopian tubes, I may say in passing, were found to be in the typical condition described by Tait.

In the case now before you the ovaries and tubes are, no doubt, in very much the same state; and yet this is a case in which I certainly would not recommend the operation for their removal. The reason is, that this woman does not suffer to such an extent, in my opinion, as to justify a resort to so radical a procedure. I cannot impress upon you too strongly the fact that the dangers of this operation are very great; and the great fault that I have to find with Mr. Tait, is that he makes too light of them altogether. I cannot believe that the high standard of success which he has thus far maintained, will be kept up in the future. In the five cases which I have now operated upon myself, there is not one patient to whom death would not have been a welcome relief from her sufferings. A woman who is in such a deplorable condition as all these even before this operation, is worse than a leper, and everybody who has anything to do with her case soon gets sick of it. Such patients almost invariably become opium-eaters. The present case is fortunately not of this desperate character. The dividing line must be drawn between suitable and unsuitable cases for operation; and nothing would induce me to operate here, as long as she remains no worse than she is now. She does not suffer enough, and her life is by no means miserable enough, to render it proper to subject her to the dangers of such an operation. Saturday, however, I saw a case in which I would not hesitate an instant to operate, because the poor woman had had so many attacks of inflammation, and was so utterly wretched in every way.

Here, instead of an operation, I would recom-

mend such measures as the repeated painting of the roof of the vagina with compound tincture of iodine, the external application of blisters or tincture of iodine, and the continued use of galvanism and the hot-water douche.

Subinvolution and Antelexion in Connection with Laceration of the Cervix Uteri.

Our last patient to-day is Mrs. Mary P—, 24 years of age, and a native of the United States. She has had one child and three miscarriages, the last of which occurred one year ago. She says she has been complaining for the last three or four months, and has suffered from severe pain in the back and lower part of the abdomen. At her monthly periods, which last for a week, she flows very profusely. She also suffers a great deal of pain at the time of menstruation, and would go to bed if it were possible for her to do so. Between her periods she has a profuse leucorrhœa. All the miscarriages, it seems, have occurred since the birth of her living child, and in answer to closer questioning, she tells me that the menorrhagia has really continued ever since her baby was born, but has increased of late. The pains also she has had for a long time, but it is only within the last three or four months that they have become so severe. Finally, she says that there has been no change in her condition of life which would account for the aggravation of symptoms of which she has spoken.

When I made a physical examination in this case, the moment the finger was passed up into the vagina, it was found that the uterus was tilted forward to a marked extent, and that the cervix was badly lacerated on both sides. The uterus was then found to be not simply anteverted, but in a state of antelexion, and was also both large and tender. The ovaries were, apparently, altogether normal. Such a condition having been found, the most of the patient's symptoms are already accounted for. When the child was born the cervix uteri was lacerated, and, no doubt in consequence of this, involution was interfered with. The menorrhagia depends on the abnormal condition of the lining mucous membrane of the uterus, which was in all probability affected by subinvolution. The diagnosis of the case is, therefore, *first*, laceration of the cervix; *second*, subinvolution of the uterus; *third*, antelexion of the uterus, in consequence of the subinvolution; and, *fourth*, fungoid degeneration of the endometrium. Some European writers call this latter condition *endo metritis polyposa*, but the name is not a correct one.

In order to be properly treated, this patient

should be admitted to the Woman's Hospital. She should be kept quiet for a week, have her bowels regulated, and be treated with hot vaginal injections. A Sims' speculum should then be introduced, and by means of a copper wire curette, such as I now show you, the whole endometrium should be scraped, in order to remove all the little polypoid excrescences with which it is covered. After that she should remain in bed for three or four days, the hot vaginal injections being kept up in the meanwhile, and then an operation for the repair of the lacerated cervix should be performed. The sutures could be removed in about ten days, and the next thing would be to restore the uterus to its proper position, in which it would probably remain without the use of a pessary. The patient could then be discharged, and I believe that she would soon be entirely well.

You observe that the woman is very pale and weak from loss of blood; but as long as this condition of menorrhagia continues, it is adding fuel to the flames to give her iron or quinia. Iron, I have found, is the very worst thing that you can give such a patient, and this is a point which I trust you will not lose sight of. As to the leucorrhœa, that will no doubt disappear as soon as her system, freed from the constant drain from which it now suffers, has regained its normal strength and tone.

COMMUNICATIONS.

UTERINE DYSKINESIA.

BY JOHN AULDE, M. D.,
Of Philadelphia.

Uterine dyskinesia is described by Dr. Graily Hewitt as "a symptom and effect of uterine disease so common and so important that it deserves to be considered separately and distinctly," and is used by him to denote "impairment of the power of locomotion." (Reynolds' System of Med., vol. v., page 700.) That it is a common symptom will be admitted by every professional man in general practice, and that it is an important one, the numerous failures of the multitudinous remedies recommended for uterine troubles must be recorded as indisputable proofs. The mere treatment of the "effect" of disease, without a knowledge of the cause, and an attempt to remove the obstacle to the normal performance of the functions of the organs and tissues involved in the pathological processes, would indeed be superficial and short-sighted; again, any remedies which may be adopted with a view to simply

palliate a "symptom" of disease, so long as the *vis medicatrix nature* is unable to overcome the obstruction to natural operations, will yield the practitioner but little comfort or satisfaction in the art of healing, while the ultimate failure of his methods will undoubtedly cause him to long for the time when medicine, like chemistry, philosophy, etc., shall occupy its proper position in the circle of the sciences. That it does not occupy this position to-day, the unsettled condition of the minds of professional men, together with the various changes which have been suggested and adopted during a century of progress, are the evidences conclusive that the confines of that field have not yet been reached, where medicine can claim to occupy the position of an exact science.

These remarks, though apparently somewhat of a digression from the subject for consideration, are not prompted by any feelings of dissatisfaction with the results attained by a long list of most noble and honored workers; nor is it the intention to offer any suggestions with the object of introducing changes or modifications, but in the hope that these preliminary observations may be considered a sufficient reason for the presentation of a most simple remedy, or method of treatment, for an exceedingly obstinate and intractable malady.

The writer was consulted September 14, 1882, by a lady, aged 35, married, and the mother of one child by a former marriage eight years previous, the history of whose case, and physical examination, warranted the conclusion that she was a sufferer from uterine troubles, and that the main features of the case were expressed, in part at least, by "uterine dyskinesia." It should be stated here that this patient is English by birth and education, and by social position belongs to the middle class, but she has been a resident of this country for the past ten years, and up to the time of her second marriage, some two years ago, she had enjoyed excellent health.

Her symptoms were as follows: deep-seated pain in the region of the ovaries on both sides: one side seeming to be at times the more painful, then the other. These pains were not lancinating in the true sense, but yet they appeared to extend both upward and downward, and at times were so severe that she feared to undertake any exercise in the shape of walking, on account of the prostration they caused. The pain in the back, of which she complained, was for the most part continuous, and was of a dragging character. In the occipital region, the pain of the head was

constant, but she was frequently subject to frontal headaches of the most excruciating character. Her vision was also affected, so that she was unable to read ordinary printed matter for a longer period than a few minutes at a time during the day, but at night even this was impossible, though this latter condition had been present for only a few months. The vertigo from which she suffered was both subjective and objective, and proved a great source of annoyance to her, by reason of the difficulty it caused her in the slight attention necessary to the care of the usual household affairs. The stomach was not entirely free from this general nervous disturbance, and manifested its implication by slight occasional dull pains, more particularly noticeable after eating, but the feeling of nausea was frequent, although vomiting had not occurred. The difficulty in locomotion was prominent and permanent, simply walking a block or two being most painful and laborious, while stopping, or walking up and down stairs, not only caused acute pain referable to the womb itself, but greatly exaggerated all the other pains. This condition of affairs, the various symptoms being somewhat modified in the beginning, but gradually becoming more grave, had been present for more than a year, while during this time she had subjected herself to various forms of treatment, but without any apparent relief. Internal medication had been tried for a time, then electricity had been substituted; a pessary had been worn for a time, but that had been abandoned; and later on she had been informed that there was a polypus in the womb. During the two months previous to coming under my charge, she had been under treatment by local applications to the uterus, the sittings being conducted regularly twice a week.

As might have been expected from the foregoing history, the physical condition afforded little encouragement for immediate relief: and, besides, the season of the year was unfavorable, unless, perchance, she might have been placed in some suitable country locality, where she could have the advantages of pure air and water, and a nourishing diet; but this was out of the question. The negative symptoms naturally coming under observation were, the absence of any history of malaria or specific disease, neither had there been any convulsions, and careful inquiry failed to develop any trace of hysterical phenomena. When it is added that the menses were regular as to number, but sometimes a few days earlier, and again a few days later, and that physical examination discovered a slight retroflexion

of the uterus, together with some deflexion of the body towards the left iliac fossa, the description is complete, and the case stated.

In order the more completely to fortify the diagnosis, it may not be uninteresting to quote further from Dr. Hewitt, as follows: "Uterine dyskinesia is one of the earliest symptoms of uterine flexion, and as such it is a symptom which has an extreme importance."

"Further analysis renders it evident that there are two possible reasons for the circumstance that uterine flexions give rise to uterine dyskinesia. The existing flexion is always accompanied by more or less congestion, distension of the uterine tissues, and compression of certain other portions. On the whole, evidence is in favor of the conclusion that it is the increased compression of the uterine tissue at the seat of flexion which is the principal cause of the actual pain."

Treatment in these cases must be conducted in such a manner that the patient will not lose hope and become dissatisfied, while the object in view on the part of the physician should be twofold, to relieve the suffering and conquer the disease. The typical character of this case, the writer concluded, furnished an opportunity of more fully testing the value of a remedy which it is claimed has a physiological indication under such conditions, and as a result, the spinal hot-water bag was ordered. Dr. Chapman says of the application of heat to the spine (*Handbook of Therapeutics*, Ringer, page 79, 7th ed.):

"1st. The temperature of the sympathetic ganglia being raised, the flow of blood to them becomes more copious, and the functions consequently become more energetic than before.

"2d. Their nervous influence passes in fuller and more powerful streams along the nerves emerging from them, and ramifying over the blood-vessels which they control.

"3d. The muscular bands surrounding those vessels, stimulated by this increased nervous afflux to contract with more than their usual force, diminish proportionally the diameter of the vessels themselves.

"4th. The diameter of the vessels being thus lessened, the blood flows through them in less volume and with less rapidity than before: indeed, it is probable that, while the nervous ganglia in question are made to emit their maximum of energy, many of the terminal branches of the blood-vessels acted upon become completely closed."

Instructions were given that the hot-water bag should be used but once in the twenty-four

hours, and that hot water should also be used morning and evening as a vaginal injection, the patient being cautioned as to the most approved method of using the syringe; her bed was to be so arranged that the buttocks would be slightly elevated, and she was advised to lie either on the right side or in the prone position. In ancient times, when it was believed that the womb was distorted, or out of position, the practice of hanging the patient up by the heels was sometimes indulged in, but modern methods have substituted for that, the less heroic, but more scientific plan of the knee-chest position. In this case, however, reliance was placed in the hot water, no medicine whatever being given, and she was requested to report again at the end of a week.

My surprise and gratification may be imagined, when, on the next visit, she stated that she was about well, and that her troubles had disappeared as if by magic. She could now read with comfort; the pain in the occiput had vanished; the frontal headache was no more, while the pains in the back and groin were so lessened that she could walk without difficulty.

On the 22d of September she was placed on the syrup of the iodide of iron, dr. ss., the iodide of potassium, gr. v., this amount to be taken four times daily, the hot-water treatment in the meantime to be kept up. The object of this treatment was to remove any products of inflammation, and at the same time improve the nutrition of the body. At the end of another week she reported that the improvement continued, and that her strength was gaining. The uterus at this time was still large, "congested" or "distended," but was not hard or tender to the touch; and, without entering into a detailed description of the physiological action of the ingredients composing it, the following prescription was written:

R. Ext. cimicifugæ,	f. $\frac{3}{4}$ ij.
Ext. hamamelis,	f. $\frac{3}{4}$ ss.
Ext. cocow,	f. $\frac{3}{4}$ j.

M. Sig.—A teaspoonful about an hour after each meal.

This was ordered to be continued for a week, but in a few days she reported that the medicine did not seem to agree with her; so the dose was reduced to one-third of the quantity above stated, with the request that it should be increased as fast as possible until the prescribed amount was reached. The result was that in the course of a few days drachm doses were comfortably borne. On the 12th of October, she was again placed on the iodide of potassium and iron mixture, a sufficient quantity being ordered to last a week. The hot

water was discontinued entirely, and she was asked to come again in about two weeks, thus allowing her to be free from the influence of medicine at least a week before her final visit. At the time of the visit just mentioned above, the patient complained of dyspareunia, and it was then developed that she had also suffered from this complication, which is regarded as a common occurrence in cases of flexion. For this, the compound tincture of iodine was applied freely to the vaginal surface of the cervix uteri, followed by a pledget of cotton-wool saturated in glycerine.

On the first of November this lady came to my office apparently in the best health and spirits, and reported that she had never felt better in her life. Such, then, is the history of a single case which has been watched with more than usual interest; and it is placed before the profession, not as a discovery, but as a practical and rational method of accomplishing desired results. Much could be said of the physiological effects of this remedy, and its congener, ice, but it does not come within the scope of this paper.

DEAFNESS FROM THE USE OF QUININE.

BY M. LANDESBURG, M. D.,
of Philadelphia.

CASE 1. Miss C., a stout, but somewhat anemic lady, was under my treatment for serous iridochoroiditis of both eyes. In the course of the treatment I ordered her three grains of sulphate of quinine, with five grains of lactate of iron pro dosi, to be taken three times a day. Contrary to my expectations, Miss C. appeared the next morning in my office with the complaint of having become "stone deaf," as she expressed herself, to all appearances in consequence of the use of the powders I had prescribed her. She had never before suffered from any ear-trouble, and her hearing had always been very fine. Shortly after the ingestion of the second powder, she had felt some dizziness and fullness in her ears; she cannot tell that her hearing had diminished, but she had the sensation as if the voices she heard were husky and came from far off. She compared the sensation to that of having the ears filled with water and hearing people speaking. In the course of the afternoon slight headaches set in, and the hearing diminished considerably. Before bedtime, she took the third powder, and awoke the next morning, after a night of sound sleep, unable to understand the voice of her sister, who was her bed-companion. The head was absolutely free, and there was no other trouble but the sensation of fullness in the ears.

Examination showed: External appearance of the ears and of the drum-membrane perfectly normal. With the right ear the patient hears medium loud voice close by; with the left ear she hears whispering close by. The ticking of my watch is not heard when applied to either auricle, but it is heard when pressed against the forehead, the temples, or put between the teeth. The vibration of the tuning-fork is heard equally well from all parts of the cranium. The Eustachian tubes are permeable, and the drum-membranes normally movable. The pulse and temperature are normal, and patient answers negatively my question whether she had experienced any difficulty of speech, or she had observed any rash or eruption on the skin of her body. Inflation, according to Politzer's method, has no effect upon the condition of fullness in the ears, and does not improve the hearing.

The question was: Whether this high degree of impairment of hearing was the immediate consequence of the ingestion of such small doses of quinine, or whether it was a casual coincidence only?

To bring the question to an issue, I ordered the use of the powders to be discontinued, asking the patient to pay strict attention to any change which might occur in the condition of her ears, and to report the next day her observations. The latter were to the effect that the hearing gradually improved during the day, that towards evening the sensation of fullness in the ears had vanished entirely, and that she had been able in the evening to hear conversation with perfect ease. With either ear she could now hear whispering at 15' distance. The next day the recovery was complete, and patient heard whispering at 35' distance with either ear.

Now, to make the experiment conclusive, I prevailed upon the patient to try again the effects of the powders upon her system, to which she consented the more readily, as she was herself greatly interested in her peculiar case, and liked the idea of enlightening, by her experiments, the dark chapters of our medical science.

After two days' rest, during which the ears remained in a perfectly normal condition, patient took again, in the morning after breakfast, one powder in a capsule. No disagreeable after-effects followed. At one o'clock p. m. she took the second powder. At two o'clock she felt slight dizziness, as if the blood was rushing to the head. The face was slightly flushed, and the pulse was somewhat accelerated. These symptoms rapidly vanished, and were replaced by noises and a sen-

sation of fullness in the ears. At three o'clock she ascertained a decrease in the power of hearing. The ticking of her watch she heard only at 6' distance. This impairment of hearing gradually progressed. At nine o'clock she heard the ticking of her watch only at one foot distance. At this time she took the third powder and went to bed. In the next morning the sensation of fullness in the ears was more pronounced, and she only heard words when spoken close to the auricles.

There was no change in the appearance of her ears. With either ear, whispering was heard close by.

The restitution was complete within two days.

Now, to bring the case to the closest test, patient offered, herself, to try, for the third time, the action of quinine. I very willingly accepted her kind offer, the more so as I did not apprehend any injurious consequences from these experiments.

After eight days of rest, I prescribed to the patient three powders of pure sulphate of quinine, in three-grain doses, to be taken in capsules. The result was as follows: After the first powder, taken at eight o'clock in the morning, patient felt slight dizziness and headache, with the sensation as if the blood was rushing to the head, and as if the face was flushed—which, however, was not the case. At ten o'clock she took the second powder. Half an hour later the sensation of fullness in the ears set in, and the power of hearing rapidly diminished, so that towards evening she heard the ticking of her watch only at 4' distance. At nine o'clock p. m. she took the third powder and went to bed. The sleep was sound. In the next morning the noises in her ears were very troublesome, and my examination showed that patient could hardly hear whispering close by.

The recovery was complete.

CASE 2. Mr. C. came under my treatment for furuncles of his right auditory canal, from the repeated attacks of which he has been suffering for several months. His general health was poor, and his appetite very bad. He complained of sleeplessness and nervousness. There was no history of malaria. The power of hearing was normal in either ear. The affection proper I treated according to the indications. To build up his system, I ordered him a decoct. of cort. chin. rub., which he used with great benefit for two weeks. After this I resorted to a combination of iron with quinine—ferri hydrogēni redacti, and chin. sulphur. ad gr. iij. pro dosi, three times a day. After a three days' use of this remedy, fullness

and ringing in the ears developed, with gradual diminution of the hearing power. Notwithstanding these symptoms, which grew worse every day, patient continued the use of the powders for five days longer, to present himself only at the appointed time. His power of hearing was reduced in either ear to hearing a loud voice close to the auricle. There was no pain, and no change in the condition of either drum-membrane. Inflation of ear, by means of Politzer's air-bag, did not improve hearing, and did not diminish the ringing noises in the ears, which however caused but little discomfort to the patient.

Complete recovery within three days set in spontaneously after the further use of quinine had been discontinued.

After an interval of two weeks, during which time patient had used an iron preparation, I resolved to try again the effects which the ingestion of quinine would have on the hearing of the patient. For this purpose I prescribed to him two doses of sulphate of quinine of ten grains each, with the directions to take one powder in the morning after breakfast, and to watch carefully the effects. If there should be no alteration in the condition of his hearing, patient was advised to take in the evening the second powder. A few hours after patient had taken the first powder, he called on me, complaining of such distressing hammering noises in his ears, and showing such impairment of hearing (he heard only loud voice close to the auricle), that I thought best to refrain from further experiments.

The noises developed about an hour after the ingestion of quinine, and were immediately followed by decrease of the hearing power.

This time also spontaneous recovery was rapid and complete.

POPLITEAL ANEURISM CURED BY DIGITAL AND INSTRUMENTAL COMPRESSION.

BY JOHN L. KING, M. D.,
Of Burg Hill, Ohio.

I wish to report a cure of popliteal aneurism, which I have delayed until now to be certain of its permanency.

Wells A. Fitch, thirty-two years of age, married, a worker at a planing machine, on the 15th of March, 1875, consulted me concerning a "lump back of the knee." Diagnosis, popliteal aneurism. Patient could not touch heel (right) to the ground. Two years previous noticed that the leg became easily tired; never observed the pulsation in the tumor until I called his attention to it. Tried forced flexion, which was abandoned before

twenty-four hours because of pain. Secured a relay of assistants, and tried digital compression of the femoral artery at the distal side of the origin of the profunda femoris for eight days and eight hours, two hundred hours in all, with a slight diminution of size of tumor and bruit, and an appreciable thickening of the wall of the sac. Administered tr. ver. vir., tr. aconite rad., morph. sulph., as required. Advised patient to wait a week, during which I had a compressor made with a semi-circular steel slide and thumb-screw, to which was attached an egg-shaped piece of wood, padded, and covered with chamois skin. Every day the patient adjusted the thumb-screw, so as to compress the femoral after the profunda femoris was given off, for a period of one-half to an hour at a time, until about four hours' compression was made every twenty-four. This was kept up with more or less regularity during April, May, June, and July. Some time in October the aneurismal bruit ceased; the tumor was only about one-half as large as at first, hard and non-elastic. I wish to impress upon my brother practitioners that the time usually given by authors for the cure of aneurism by digital compression is too short. Digital compression should not be so complete as to occlude the artery; tardy circulation is desired and required; it does not preclude the possibility, nor interfere with any subsequent surgical operation. It will even be a benefit, because the foregoing compression will have gradually dilated the collateral vessels, so that when the sudden arrest of circulation takes place in ligation, one element of pain will be modified. You must shift your point of pressure to prevent chafing. Do not be discouraged, even if you do not effect a cure in three months. In my case there has been no return, and the patient considers himself cured.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL, NEW YORK.

CLINIC OF DR. LEWIS A. SAYRE.

Reported for the MEDICAL AND SURGICAL REPORTER, by
Edward Develin, M. D.

Hip Disease Cured.

CASE 1. Female, aged six years. This child was brought to me eight months ago, suffering from hip disease. At that time she was following out the plan of treatment advised by Dr. Hutchison for the cure of this disease; this method had been carried out during the previous eight months, and the disease of the joint was yet making steady progress. Dr. Hutchison claims that the weight of the limb—the foot being raised from

the ground by a high shoe being placed upon the foot of the sound limb—is sufficient to extend the limb and prevent attrition of the articulating surfaces of the diseased bone, and at the same time to overcome the contraction of the muscles; his statement being that from three to four hours' extension during each day would accomplish all that is necessary, and that no reflex action would take place at night.

When this plan was first introduced, I was much pleased at the simplicity of this treatment, and was not slow to test its merits; but the results were unfortunate, and I was compelled to abandon it entirely, the weight of the limb alone being utterly insufficient to prevent the reflex action of the muscles. When the child came to me she was using crutches as well as the shoe.

I at once ordered that the child be placed in bed, and that traction be made upon the limb in the line of the deformity, by means of the weight and pulley, the direction of the extension being changed day by day until the limb was brought perfectly straight.

My long extension splint was then applied, and the child allowed to walk out in the open air; just sufficient extension being made to prevent pressure upon the articulating surfaces, and thus relieve the joint from all pressure.

A few days ago the mother brought the child to me, and I requested her to bring her to the clinic to-day.

(The splint was now removed from the patient.)

We have, as you observe, a shortening of about half an inch of the right leg; this is partly owing to arrest of development, and partly to the absorption of the bone by disease; the figure of the child, however, exclusive of this, is perfect; she is perfectly straight, and there is no bending or tilting of the pelvis, as the result of the psoas and iliac muscles being shortened.

For the past six months there has been no weight upon the head of the femur or upon the acetabulum, the patient being supported by the perineal bands; she has been walking upon the perineum. You now observe that free movement can be made in all directions; and no pain whatever is felt at the joint; there is, however, a little stiffness at the knee, owing to the long confinement of the limb; this can be easily overcome in a short time by manipulation and exercise; the motion of the limb will also be greatly improved by exercise; care, however, must be used for some time, in order that the limb be not used to excess; but as long as there is no anchylosis, it can be restored to its former usefulness; but the shortening will always remain. As the child now stoops down you can observe to what extent the muscles are contracted (the child now stated that it did not hurt her at the hip, but hurt her a little at the knee). By gently exercising these muscles, but never to such a degree as to cause pain, this contraction will be entirely overcome. In this case before you we have a perfect cure of disease of the hip joint; you observe that as I now place this high shoe upon the shortened limb, and which the child had been wearing upon the sound limb, according to the Hutchison treatment, she can walk perfectly well without the splint; there is therefore no necessity for its further application.

There is no need for other treatment than this plan I have adopted for the cure of hip disease; you have seen how, by the application of the long or short splint, the entire weight of the body is borne upon the perineal bands of the instrument; your extension here is very slight—it is so slight in fact that it should be called more properly prevention of pressure upon the diseased parts. Some are under the impression that it is necessary to fasten a heavy weight to the limb and pull all the time, and then call that my method of treatment. It is not so: my treatment is simply to prevent the contact of the diseased surfaces, and when the limb is secured in such a manner, motion can take place even in a diseased joint, without causing pain. But remember that it is useless to attempt to apply this long splint until the limb has been brought perfectly straight, by the means which I have just described.

I do not advise you to endorse any statement I may make to you regarding my plan of treatment until you have proved the same to be true, and if you find the same to be incorrect, denounce it at once. This child has had the night extension applied, and afterwards has worn my long splint; and although the disease is practically well, the limb is shortened owing to the progress the disease had made before coming under my treatment.

CASE 2. Now here is a boy who is afflicted with the same disease, but which had not reached to such an advanced stage as the previous case; this child is now wearing my long splint, which consists of a pelvis belt, two perineal bands, side rod and foot plate; extension being made in the rod by means of a ratchet and key. Every time the diseased limb is placed upon the ground the weight of the body is supported upon the perineal bands; it is an absolute impossibility for the articular surfaces to come into apposition when this splint is worn; at the same time motion can take place within the joint with perfect freedom from pain, although Dr. Agnew in his latest work states that it is an absolute impossibility to construct any instrument that will bear the weight of the body and the limb, without pressing upon the joint. Gentlemen, I do not wish to differ with any one, but duty is the first call to a man taking charge of human life, and particularly to one who is giving instruction to others who are also to take charge of life and disease. Now, as I know positively that my method of treatment is thoroughly effectual and practical, and that under this treatment a large number have recovered with perfect motion at the joint, and are as well to-day as thought the joint had never been affected, and during the treatment of these cases motion was secured at all times, to prove this before you I will now make motion at the hip upon the patient. You observe that we now bring the leg up, and the pelvis remains perfectly straight upon the table showing that the movement is in the joint itself, and here (allowing the foot to fall upon the table), you notice that I can let the limb drop without causing pain, attrition within the joint being so thoroughly prevented.

CASE 3. This child a number of you are familiar with, and have, no doubt, carefully watched the progress of the disease.

About thirteen months ago the patient was brought to the clinic suffering from disease of the

hip joint, but as she was too small at that time to follow the plan of night extension, and afterwards the long splint, it was determined to put the child in the wire cuirass, and there make the extension, which has been carefully followed out by the parents until the present, I, however, having seen her occasionally. Two months ago a large abscess formed at the joint, but on careful examination it proved to be extra-capsular. Aspiration was then resorted to, two ounces of pus being withdrawn. It was then carefully bandaged, and since that time absorption of its remaining contents has taken place, and as you observe, that difficulty is entirely relieved. Owing to the improved condition of the hip, we have now placed the long splint upon her, and although owing to her long confinement in the cuirass and her small size, she is yet unable to walk, you observe, as I place her on the ground and hold her by the hands, she is able to move both limbs without causing her any pain, and that there is no shortening of the limb. This child is now making rapid progress towards recovery and perfect use of that limb; her general health has much improved; and now, with application of this splint, she will soon be able to walk alone and secure the benefit of exercise and fresh air; this, with good diet, will secure perfect health. There is no so-called scrofula in this child.

NOTE.—Three weeks after, the patient was again presented at the clinic, in the best possible health, still wearing the splint, and able to walk a short distance.

CASE 4. This young man whom I now present to you illustrates a remarkable recovery from hip disease; I having at the present time in my office four and a half inches of his right femur.

He was between 6 and 7 years of age at the time, and was brought to me in 1865 in an almost dying condition, having a number of abscesses around the joint. I immediately determined upon excision of the joint, and performed the operation in the hospital. I found the acetabulum was perforated, the caries extending down the neck and embracing the head of the femur. I therefore sawed off the bone below the trochanter minor, and removed some pieces of bone from the acetabulum.

Owing to a law recently passed at that time in New York, which forbade the admittance of patients into the hospital from the neighboring states, I was compelled to place him at a hotel, and, although it incurred great risk to the patient, he was removed accordingly. To effect this in the best possible manner, I placed him in a wire cuirass, the result far exceeding my expectations; for at the present time this young man can run with considerable speed, has perfect flexion of the limb, although, as you observe, he has a perceptible limp; this, however, does not in any way prevent him from following his calling, as he is not compelled to use any artificial aid whatever to assist his gait (at this point the young man ran up the centre aisle of the lecture-room and back, without requiring any more effort than would be called for in any of his more fortunate fellows, and with just as much ease).

Here, (exposing the nates of the man) you will observe this deep cicatrix on the right side, passing from the ilium below the ilio-femoral crease,

is where the largest opening was made; but the marks of the abscesses in the anterior regions he requests to be excused from exposing.

I present this case to you as fully illustrating a cure effected in hip-joint disease, and also the utility of the wire cuirass, in which such cases can be treated and removed with comfort and freedom from danger to the patient from one point to another.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.

Reported by W. H. SEELYE, A. M. M. D.

Asthma.

I now show you again the patient with asthma whom you have seen before (see page 260), and I wish to say a few words about him.

You notice how his chest and neck have become fuller, and the clavicle is more elevated, and almost obliterated from view by reason of the distention of the parts around it; and the superficial veins of the neck are distended, though they do not look as large just now as they have. By auscultation under the clavicle I get coarse, rude, rhonchus sounds, which are produced in the larger tubes, and which entirely mask the normal resonance. Yet if I percuss over this region, I find that there is a very remarkable degree of resonance. There is no dulness here to indicate any condensation of pulmonary tissue, such as you get in pleurisy or pneumonia with effusions into the bronchi. The remarkable resonance here is accounted for by the extensive emphysema which this man has. On examining the chest carefully, you would find the resonance noticeably increased in certain parts, as in the margin of the lungs covering the heart and liver, and at the base of the lungs posteriorly. And if there were less coarse rhonchi due to bronchitis, you would find that there is absence of the respiratory murmur, especially on inspiration, and a prolonged feeble expiratory sound, which is due to the loss of elasticity in the lung tissues from their emphysematous distension; and this was produced by his violent efforts at inspiration. He is also suffering from another result of the emphysema, namely an obstruction in the lungs to the free circulation of the blood which should empty into the right ventricle, for the distension of the air cells in the lungs has caused the obliteration of many of the small blood vessels, and the consequent increased pressure in those remaining results in congestion; and so the right ventricle from overdistension becomes dilated, and then the auricle also; and the resulting obstruction to the return systemic circulation is here manifested by the distended veins in the neck, and the dropsy in the legs and elsewhere. These symptoms were so extreme several days ago that it became necessary to dry-cup the chest and to strengthen the heart's action with digitalis, and then he improved at once. He is now so much relieved that he can lie down in bed and sleep comfortably. The vascular tension has also been relieved by means of diuretics and purging. Recently his urine has contained albumen. This is a useful case for illustrating the mechanics of respiration, and because it has brought to your notice conditions which you will sometimes be called upon to treat.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, March 1, 1883. The President, R. A. Cleemann, M. D., in the chair.

Dr. W. Goodell presented the specimens and reported a case of

Double Enucleation of Uterine Fibroids.

Mrs. B., a Hebrew lady, aged 38, and the mother of five children, the youngest five years old, began early in 1880 to have menorrhagia and difficult micturition. Later, her physician, Dr. A. H. McAdam, discovered a uterine fibroid. In January, 1881, Dr. Goodell was called in to see her. He confirmed the diagnosis and found a fibroid in the anterior wall of the womb, bulging out the anterior lip of the cervix, which was greatly hypertrophied, but not at all enlarging the os. The sound gave a measurement of six inches. As all remedial measures wholly failed, he admitted her into his private hospital, and on February 6th cut into the tumor by means of Adams' subcutaneous saw, and by enucleation removed most of it. A month later the fragment left behind descended low enough to be removed without difficulty. The tumor weighed not quite two pounds. At the time of this last operation a small fibroid was discovered in the posterior wall of the womb, but it was too high up to be attacked. Her convalescence was prompt and her monthly flux became natural. On October 6 the sound gave a measurement of only three inches, and she felt well. But in the following March she again sought his advice for a return of the menorrhagia. A fibroid was now bulging out the posterior lip of the cervix, but not expanding the os. The uterine cavity measured five inches. As all remedies again failed, enucleation was once more proposed, and on February 28, 1883, the operation was performed for the second time. The posterior lip of the cervix was cut open by the saw without invading the uterine cavity, and after an hour's hard work, a tumor weighing one and a half pounds was taken away in fragments. Several very beautiful and perfect fibroids, as large as a pigeon's egg, were also removed. They were attached to the capsule of the mother tumor merely by loose connective tissue. About a pint of blood was lost during the operation, but after the removal of the tumor the hemorrhage ceased, and the cavity left behind was not tamponed. The patient is doing very well, although the shock was somewhat profound.

In commenting upon this case, Dr. Goodell remarked that the to-and-fro linear movement of the saw made it a very efficient instrument for working in narrow channels, and that it had the further merit of lessening the amount of hemorrhage. He now used no other instrument for incising the capsule of fibroid tumors. The history of this unique case had somewhat shaken his confidence in the operation of enucleation, because since the womb is affected usually with multiple fibroids, some one of these must invariably be left behind, and a second operation may become needful. He believed that in these cases oophorectomy, a safer and more sure remedy, had a future before it. He had, in fact, performed the

operation four days ago on a lady who was so feeble from prolonged hemorrhage that he did not dare to remove the fibroid by enucleation, which is a more prolonged operation, and attended by a greater loss of blood. She was doing very well indeed. For the same reason, not daring to enucleate, he had early last year removed both ovaries for a bleeding fibroid, but after a remission of several months the hemorrhage returned, and he will probably have to perform enucleation or hysterectomy.

Dr. B. F. Baer inquired if the case in which hemorrhage returned after oophorectomy was not of the submucous variety. Ought not the operation to be limited to the interstitial and sub-peritoneal varieties, where enucleation is not possible? In one case reported by Dr. Byford, of Chicago, a uterine (sub-mucous) fibroid went on increasing and hemorrhage continued after oophorectomy.

Dr. Goodell, from a *priori* reasoning, would expect less favorable results in submucous tumors, as they are more like polypi in their characters, and would be more likely to continue to bleed. The case referred to, in which oophorectomy had failed, was of the submucous type, and could have been removed by division of the mucous membrane and enucleation, had the patient's condition permitted it.

Dr. B. F. Baer narrated the history of a case in which

Induction of Premature Labor for the Relief of Suppression of Urine

Was considered necessary. The case occurred in the practice of Drs. Marcy and McCray, of Cape May, N. J. About the sixth month of pregnancy a general oedema was noticed, and the urine contained considerable albumen and a few casts. The amount of urine passed diminished rapidly while the proportion of albumen increased, and the patient became weak and anemic. Every means was tried to increase the quantity of urine, but without avail. Among the remedies used were a wide range of diuretics and hydragogue cathartics with Basham's mixture. A sudden suppression of urine occurred at eight months, and but four ounces were passed in forty-eight hours: this became solid when heated; headache and spots before the eyes were now added to the other symptoms, a grumous discharge from the uterus had been noticed for a week, and convulsions seemed threatening. Dr. Baer was called in consultation, and he agreed with them as to the advisability of inducing premature labor. A No. 9 flexible catheter was warmed and softened, and was after great difficulty introduced between the membranes and the anterior wall of the uterus. The cervix-uteri had been lacerated in a previous labor, and was hard and small. Pains of a natural character followed immediately upon the introduction of the catheter. After some hours the pulse became weak and the patient faint, the os was but slightly opened, and it was considered advisable to administer stimulants, use Barnes' dilators and the Hodge forceps. A dead child was speedily extracted: the latter had been alive in the morning. Four hours after delivery, urine was secreted, and in two days the albumen had entirely disappeared. The patient recovered.

Dr. D. F. Willard reported a case of

Induced Premature Labor Necessitated by great Edema of the Labia Minora.

The patient, probably over forty years of age, had been married about one year, and was pregnant with her first child. She suffered from headache, her feet and eyelids were swollen, and her urine showed one-sixth albumen and contained casts and blood corpuscles. Basham's mixture, diuretics of every kind, diaphoretics, hot-air baths, hydragogue cathartics, and tonics, were used without a satisfactory result. Digitalis infusion and jaborandi alone gave a very temporary relief. The patient soon after her first visit called attention to the condition of the labia minora, which were found to be enormously swollen, shining, tense, and pitting on pressure. The urine amounted to from fifteen to thirty ounces per day, and steadily decreased in quantity. The edema of other portions of the body decreased under the use of digitalis, but that of the labia increased. The patient could lie only upon her back, with the knees drawn up and as widely extended as possible; the pain was great and constant. Lancet punctures were made with temporary relief. The patient was steadily failing, her pulse was 150 per minute. An erysipelatous blush made its appearance, and rapidly spread to the abdomen and thighs. Premature extraction of the child offered the only chance, and was at once performed. Gestation had reached eight months. It was a difficult task, as the labia were five inches in depth. Barnes' dilators and the Hodge forceps were used, and delivery accomplished in two hours. The child was dead, and the mother died three hours later.

W. H. H. GITHENS, Secretary.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday evening, March 8, 1883.

The President, Dr. James Tyson, in the chair.

Dr. Guy Hinsdale exhibited a series of specimens of cancer, involving the stomach, liver, pancreas, rectum, and lung. They were obtained from recent cases at the Episcopal Hospital.

Carl W., æt. 44, was admitted October 23, 1882. He had never been ill before, and his symptoms had been developed during the two weeks previous to admission. His bowels were regular; he had had no vomiting, but had pain at the lower margin of the left ribs, with cough and friction sounds. Cachexia was marked. The abdomen was soft. A tumor was felt in the left hypochondriac region. The spleen was distinctly felt and enlarged.

The tumor increased in size, became more tender, and pain was at times very severe. The patient's appetite was gone, and emaciation was extreme. Twenty-six days after admission death occurred. At the autopsy, fluid was found in the pleural, pericardial, and abdominal cavities. There were old pleuritic adhesions. The roots of the lungs, the base of the left lung adjacent to the diaphragm, and the pleura beneath the ninth and tenth ribs, were found to be the seat of cancerous deposit. The bronchial and thyroid glands were very much hypertrophied, but not cancerous.

The cardiac extremity of the stomach was the seat of an extensive cancer, but the cardiac orifice was not involved, and the mucous membrane

not destroyed. The pyloric end was intact. The pancreas was the seat of cancerous growth. The liver was of a dark, mottled color, and showed numerous metastatic growths in an early stage of development; its weight was five pounds, nine ounces. The spleen was greatly enlarged and the seat of small secondary deposits. Kidneys normal.

Microscopic sections of the thyroid gland showed simple hypertrophy; sections of the metastatic growth in the liver showed scirrhus cancer.

CASE 2. James S., æt. 40, admitted September 28, 1882. During two months previous to admission he had lost forty pounds of flesh; his skin had become very sallow, and vomiting, which at first was occasional, finally occurred after every meal. A tumor was distinctly felt on the left side above the umbilicus; it moved with respiration, and was painful on pressure. Albumen was present in the urine. The patient's mother had died of cancer of the stomach.

After admission, the tumor increased in size, the patient grew weaker, vomiting frequently, and passing clay-colored stools. Death occurred on the thirty-eighth day after admission.

At the autopsy, the heart, lungs, kidneys and spleen were found in a normal condition; the stomach was very much dilated, and contained undigested food. A cancer was found at the pyloric extremity. The walls of the pylorus were very much thickened, and its orifice admitted the thumb with difficulty.

The liver was detached and found to be the seat of four large masses of secondary cancer. Its weight was three pounds, fourteen ounces. The gall duct was unobstructed.

A microscopic section of the growth in the stomach showed scirrhus cancer.

Case 3. Cancer of the Stomach; Gastro-Colic Fistula.

C. W., æt. 66, was admitted June 13, 1882. His health had been good until four months previously, when he vomited some dark bloody matter. Pain was occasional, and occurred after eating. Vomiting had occurred once. Jaundice began three weeks before admission; the skin was dry and the body not much emaciated. Stools regular, but clay-colored. The liver was slightly enlarged. Distinct nodular masses, slightly painful on pressure, could be felt in the epigastric and umbilical regions. The inguinal glands were slightly enlarged; the axillary glands remained normal. There was no cough; a faint low systolic murmur was heard at the aortic cartilages. The urine was dark yellow, sp. gr. 1.010, and contained no albumen. Vomiting, emaciation and jaundice progressed, the tumor increased in size, and death occurred two months after admission.

At the autopsy, a cancer was found at the pylorus. A fistulous opening, large enough to admit the forefinger, was found to exist between the stomach and transverse colon, which were infiltrated by the cancerous deposit and adherent to each other. The calibre of the colon was small. The mucous membrane of the stomach at the seat of disease was ulcerated and ragged. There was no dilatation or hypertrophy of the walls of the organ. The gall-bladder was distended, and both the pancreatic and common bile duct were obliterated. Heart, kidneys, and other organs, showed

nothing very unusual. The mesenteric glands were slightly enlarged. The spleen was small, and its hilus the seat of a hard calcareous plate; the organ was displaced, lying close against the diaphragm, some distance from the chest-wall, accounting for the perfect resonance which had been noted in the splenic region.

Case 4. Rectal Cancer; Colotomy.

John M., æt. 71, was admitted to the hospital October 26, 1882. He had always been healthy until three months previously, when the movements of his bowels became irregular.

The patient suffered from diarrhoea. His urine was albuminous, and contained hyaline casts. He had hydrocele. He denied specific history. Exploration of the rectum revealed a malignant stricture an inch and a half from the anus.

On account of the patient's age, operative measures were not contemplated until after the passages became very difficult, and hiccough and stercoraceous vomiting demanded relief. This was temporarily afforded by the operation of left lateral lithotomy, which was performed by Dr. John H. Packard. Death ensued twenty-four hours later.

At the autopsy the wound was found in good condition; the descending colon was opened about three inches from the point of its bending downwards. An enormous cancer was found involving the rectum and posterior wall of the bladder, and nearly filling the true pelvis. All the other viscera were in good condition. Microscopic sections showed the cancer to be scirrhus.

EDITORIAL DEPARTMENT.

PERISCOPE.

Chemical Diseases of the Brain and Spinal Cord.

At a recent meeting of the West London Medical-Chirurgical Society (*Medical Press and Circular*, December 6, 1882), Dr. Thudichum described the chemical changes of the nerve centres in such diseases as chronic alcoholic infiltration, softening of the brain, locomotor ataxy, and "cerebral glycosuria." No treatment, he contended, was rational in such cases which was not directed to the central nerve lesion; and if that lesion was chemical, the remedy must be chemical also. Locomotor ataxy, he held, was a disease in which took place a gradual destruction of colorless nerve fibres, and a formation of bodies termed amyloid bodies, which gave a reaction similar, but not identical, to that given by starch granules. This amyloid matter was closely related to, perhaps identical with, cellulose. There was no similarity between it and the amyloid degeneration of the liver, which gave rise only to a brown discoloration with iodine. In locomotor ataxy there also might or might not be increase of fibroid tissue. The disease passed from below upwards with varying degrees of rapidity, and he had known death to be produced in the shortest case in one year, in the longest in thirty years. The author then proceeded to describe a body which he had isolated from brain matter, in some quantity, namely, phrenosin. Phrenosin formed about five per cent. of the brain by weight. It contained an alkaloid called sphingosin, a fatty acid, neurostearic acid, and some water. In disintegration of the white matter which took place in such a disease as locomotor ataxy, the cerebrose radical was set free and passed into celluline. As to the phosphorized and nitrogenous principles of nerve matter, these were of three classes. In the first class, the proportion of phosphorus to nitrogen was 1 to 1; in the second class as 1 to 2; in the third class as 2

to 2. The bodies so produced were intimately connected with the production of vital energy. They were formed in every centre of life action, the blood corpuscles included, and a celebrated German philosopher had said there was "no thought without phosphorus." They had an enormous property of becoming colloid by the absorption of water, and became crystalloid again immediately upon the abstraction of water. This powerful attraction for water prevented disintegration. Chronic alcoholic infiltration was to be treated by washing out the alcohol from the tissues by large quantities of water. Natural wines he had found peculiarly useful in this respect. In acute and chronic softening there was accumulation of phosphoric acid and of cholestrin. Lactic acid existed in the brain in the proportion of one-tenth per cent. Its faulty excretion in fevers produced delirium, and it had been said that its accumulation as a result of fatigue produced sleep. In concluding, the author asked his audience to set aside anatomy, and consider the brain as a lump of chemical matter, as a celluloid septum or wall, on one side of which is arterial blood and on the other venous blood and cerebro-spinal fluid. The chemical constituents, if present in proper proportions, by their reaction on each other maintained the organ in a state of health; but if the normal proportion was disturbed, some form of cerebral or spinal disease followed. Dr. Thudichum's paper, which was of great length, was abundantly illustrated by diagrams, specimens, and experiments. It was listened to with marked attention, but it was evident, from the slight discussion to which it gave rise, that it had been too learned and abstruse for most to follow, and the President and one or two other gentlemen expressed a hope that the author would be able to render his doctrine practicable, by pointing out the exact chemical changes which took place in each disease, and the exact chemical agents to be used as remedies.

The Synthesis of Uric Acid.

New Remedies, March, 1883, says: The first organic body ever produced artificially was urea, and one of the latest that has been formed synthetically is uric acid, also a constituent of the urine, but of much more complex construction. The first was accomplished by the late Prof. Wöhler, the last by John Horbaczewski, in the laboratory of Prof. Ludwig, in Vienna. The operation is thus described by him, in the *Berichte der Deutschen Chemischen Gesellschaft*: Pure and finely pulverized glyccol, obtained from hippuric acid, was mixed with ten times its weight of pure urea made from cyanate of ammonia. The mixture was heated rapidly in a flask on a metal box to 200° or 230° C. (392° to 446° Fahr.). The heating was continued until the fusion, which was at first perfectly colorless, became turbid and thick, and of a yellowish-brown color. When cold, the fused mass was dissolved in dilute caustic potash, the solution was supersaturated with chloride of ammonium, and then precipitated by an ammoniacal silver solution, mixed with magnesia mixture. The precipitate, which contains the uric acid, was well washed with ammonia water, and then decomposed with potassium sulphide. After filtering out the precipitate, the filtrate was saturated with hydrochloric acid, and concentrated by evaporation. The crude product that separated on cooling was again dissolved in dilute potash, and the same process twice repeated. The final product was a yellowish-colored crystalline powder, which was washed with alcohol first, then dried, and the sulphur removed with carbon disulphide, and finally washed with ether. The product purified in this way showed all the properties and reactions of uric acid.

1. Under the microscope, the crystals exhibited the forms and characteristics of uric acid, either plates or whetstone-shaped crystals, according to the purity of the preparation.

2. They reduced alkaline copper solution when heated, and the silver solution without heating.

3. They dissolved in concentrated nitric acid with the evolution of brown vapors, and the onion-red residue left by evaporation (murexide test) turned purple with ammonia, violet with potash.

4. They were very slightly soluble in water, acids, alcohol, and ether; but easily soluble in caustic alkalies.

An elementary analysis gave the following result:

	Calculated.	Found.
Carbon	35.72	35.68
Hydrogen	2.38	4.02
Nitrogen	33.33	33.49

The author reserves the privilege of studying more fully the reactions which he communicates.

Malignant Tumor of the Heart.

The *London Medical Record* says that Dr. Manero reports, in the *Gaceta de los Hospitales* of Valencia an interesting case of malignant tumor springing from the cardiac substance, and protruding as a pulsating swelling through the walls of the chest. The patient was, at the time of his death, aged

fifty-one. The first indications of disease appeared four years previously, in the form of constant lacerating pain in the precordial region, without obvious physical signs; in about a year a bulging of the precordial region was noted, with increased pulsation, attributed to dilatation of the ventricle; and this steadily increased, with increasing pain and gradual emaciation. When seen by Dr. Manero, there was a firm pulsating tumor in the precordial region, about the size of a well-developed virgin breast; it was very painful to touch; the skin over it was healthy. On auscultation of the tumor the normal heart-sounds were heard, exaggerated, but not otherwise altered. The pain suffered is described as intense; it seems to have been of the character of that of angina pectoris, and was attended by constant formication in the left shoulder and upper extremity. Death occurred after the patient had been under observation some months, during which time the tumor had steadily grown, without at all involving the skin. No diagnosis seems to have been made during life. On *post mortem* examination, underneath the pectoral muscles, which were themselves healthy, the chest wall was found to be bulged forward. (The exact state of the ribs is not given.) On removing the front of the thorax, the lower and front part of the pericardium was found to be the cause of the thoracic bulging, which is described as forming a hernia through the walls of the chest, an oval opening being caused by erosion of the third, fourth, and fifth costal cartilages, with portions of the corresponding ribs and sternum. Within this hernial sac of the pericardium, the greater portion of the heart was found enormously enlarged, apparently in all its cavities, and presenting on section the appearance of a new growth, with the aspect of a melanotic sarcoma, in consistence for the most part like that of a sebaceous tumor crossed by pigmented bars and lines, and having numerous large and small pigmented deposits. The growth appeared to be highly vascular. The valves, columnæ carneæ, openings, etc., are said to have been hardly distinguishable. It is not stated how much, if any, of the normal heart-structure was left; neither is mention made of any microscopic examination. The latter omission is a very unfortunate one, for such a general invasion of the cardiac substance by sarcoma as that described by Dr. Manero must be extremely rare.

Treatment of Typhoid Fever in Ziemssen's Clinic.

From the *Medical Press and Circular*, February 21, 1883, we learn that at the commencement of the disease, if there be constipation, calomel is usually given in doses varying from 0.5 to 1.5 gm. As soon as the temperature in the axilla passes 39.5°C. (103°F.), baths are employed, generally every two or three hours at the temperature of the room, about 15° R. (63°F.). The patient remains sitting in the bath about fifteen minutes, whilst the back, neck, and chest are being constantly bathed with the water, as in this manner the heat is extracted more gradually and the inspirations are rendered deeper. In some cases of already existing or threatened cardiac weakness the baths are omitted altogether, but only rarely, however; but the temperature of it

is raised to 22° to 25° R. (81°—88° F.), and when the patient is in it is gradually reduced some degrees. Some alcohol is given both before and after each bath. If the baths fail to produce a decided effect on the temperature, antipyretics are administered. Rothe's mixture—which consists of acid carbolic and sp. vini ana, 1 grm.; tr. iodi., gtt. x.; tr. aconiti, grm. j.; aq., grm. 50; syr., 10 grm.; ol. menth., gtt. ij., M., and of which a teaspoonful is given hourly—has been extensively employed, but quinine still holds its ground. It is given, not too frequently, in full doses of 15 to 30 grs. every second day. If diarrhoea be profuse, it is checked by the use of starch enemata, to which have been added 20 M of tinct. opii. This latter also serves the purpose of calming the patient, and thus rendering the attendance less laborious, and may be repeated several times in the course of twenty-four hours. The nourishment consists mostly of broths, with yolk of egg and milk. Wine is given from the commencement, the quantity and alcoholic strength mounting with the cardiac weakness. Stokes' mixture and freshly-pressed beef-juice are favorites in the height of the fever, or when collapse is threatened. The diet remains unaltered until the eighth day after the subsidence of the pyrexia, after which easily-digested farinaceous and flesh foods are given; whilst the ordinary sick diet is not returned to until after the lapse of another week.

The Salicylates and Hemorrhages in Enteric Fever.

In the *Brit. Med. Jour.*, Dr. James Ferguson, of Perth, writes: "At the time when salicylic acid and its compounds are receiving so much attention, may the following facts be regarded as at least worthy of statement? Last year, while resident in the infirmary here, I had an opportunity of testing the efficacy of certain drugs as antipyretics in enteric fever. These agents were used successively, each over a group of cases, and included the salicylate of soda. The latter had not been long in use, when an increased frequency of hemorrhages from the bowel raised the question, Could the salicylate be favoring the production of that complication of the malady? Whether it were or not, the suspicion aroused dictated the withdrawal of the salt from use in cases of typhoid. Shortly afterwards, I noticed that a foreign observer had reported the salicylate of bismuth, and, I think, also salicylic acid (though of the latter I cannot be certain, as I am not able now to find the report in question), to cause intestinal and nasal hemorrhages. The subject would not have been revived by me at present, but for the recent experience of my successor in the resident's office of the above-mentioned institution, D. H. McLean Wilson, who joins me in placing the facts before the public. Dr. Wilson, in having recourse to the soda-salt in typhoid, found the same striking frequency of hemorrhages to follow closely. His employment of the agent differed from mine, in that he administered small doses of ten to fifteen grains frequently over the twenty-four hours, while I gave half-drachm or drachm doses at longer intervals apart. In the other respect, however, our experiences have been

so similar as to warrant the facts being brought under notice, so that the important practical question involved may, if possible, be decided by the evidence of a number of observers."

A Peculiar Case.

Dr. H. E. Sargent reports the following case in *The Lancet*, February 10, 1883:

Mrs. B—, aged forty-five, weighing 220 pounds, on May 7th, 1882, fell on a zinc pail, its edge striking the abdomen two inches to the right of, and on a level with the umbilicus. A day or two after the fall a tumor, semi-elastic, with distinct outline, could be traced at the seat of injury. It was only slightly tender, and appeared to have deep-seated attachment. About July 20th the skin over the tumor began to discolor. Poultices were applied, and at the end of another week it commenced to slough. Gradually a black mass was disclosed, revealing the true nature of the tumor, which was evidently a blood-clot. This gradually became enucleated, and in due time was turned out, leaving a chasm in the abdominal wall, four inches wide by three deep. Cotton-wool steeped in carbolic oil was used to plug the cavity from the bottom, which rapidly closed. On July 10th, Dr. Fenwick saw the case with me in consultation. After an exhaustive examination, he accurately diagnosed the nature of the tumor as verified by its subsequent history. The case is interesting from its rarity, and the complete recovery under a strictly expectant plan of treatment, aiding the *vis medicatrix nature*. The fall must have caused muscular rupture at the seat of injury, with subsequent hæmorrhage into the cavity thus formed.

The Pathology of Arsenical Paralysis.

Dr. Jaschke (*L'Abeille Méd.*, January 15, 1883) concludes that the paralysis is of peripheral origin, for the following reasons:

- 1st. On account of its localization in the path of a single nerve, the median peroneal.
- 2d. Because the sensory disturbances, hyperæsthesia and anaesthesia, were confined to the same location.
- 3d. The absence of any special symptom of spinal lesion.
- 4th. The absence of atrophy, in spite of the prolonged duration of the disease, excluding the possibility of anterior poliomyelitis, as it is known that atrophy is much less marked in cases of peripheral lesion than when the disease is of spinal origin.
- 5th. Although the paralysis was strongly marked, recovery occurred, rendering the cases analogous to instances of peripheral facial paralysis.
- 6th. The electric reaction corresponded to that seen in peripheral palsies.
- 7th. The existence of pain on pressure in the affected muscles.

Treatment of Erysipelas by Subcutaneous Injections of Resorcin.

The *Medical Record*, January 15, 1883, says that Dr. T. F. Bogusch reports (*Mediz. Oberz.*, February 1882), four cases of erysipelas which he success-

fully treated by hypodermic injections of a 5 per cent. solution of resorcin (25 grains to one ounce of distilled water). Having marked the margins of redness with ink, he made a number of injections around the whole inflamed region, along the line running outside of the mark, at the distance of about $1\frac{1}{2}$ centimetre. He used for each injection 0.25 cub. c. of the solution, always directing the needle towards the centre of a diseased part. As many as 67, 29, 36, and 70 injections (at points nearly equally distant) were required in various cases to complete an elevated ring around the affected region, resulting from the blending of individual swellings produced by injections. In all cases, the injections completely cut short the further spreading of the inflammatory process, the temperature rapidly lowering to the normal level. No untoward symptoms were caused by this treatment, and no other treatment was used. [In the *London Medical Record*, 1880, pp. 172-3, is to be found Professor Brackett's paper on the excellent results of the abortive treatment of erysipelas by the subcutaneous injections of carbolic acid, which was originally recommended by Professor Hueter.—*Rep.*]

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—One of the most worthy institutions in this city is the Maternity Hospital, 734 South 10th street (formerly the State Hospital for Women and Infants). It has had many prejudices to contend against, but has overcome them by patient work and good results. We take great pleasure in inserting the following extract from its last annual Report:

The experience of ten years has fully satisfied the Board of Governors of the Maternity Hospital that the good it has accomplished has been incalculable. Women saved from death by suicide or by the hands of the abortionist, or saved from becoming professional prostitutes in order to procure the living refused them elsewhere; women returned to their parents, to their former employments, or placed in situations where they are leading honest and industrious lives, are results of which the Governors of the Hospital feel justly proud; and their only regret is that, owing to bitter opposition and insufficient support, they have been so hampered in their work that they have been compelled to refuse assistance to so many.

—The "Gardener's Monthly and Horticulturist," edited by Mr. Thomas Meehan, and published in this city, is a journal of its kind that we can unhesitatingly recommend to those of our readers interested in the pleasant pastime of gardening.

—The 29th Registration Report of Rhode Island (1881) is a model of accurate compilation. In glancing over its pages, one is struck with the

growing frequency of divorce in that State. Nowadays for every 8 marriages there is one application for the dissolution of the bond—or about that number.

—The Surgeon General, U. S. A., has published a circular at the suggestion of Dr. Bowditch, for the purpose of collecting data to determine the normal standard of size for the various organs at different ages. It contains a large number of facts and directions with a view to securing such information.

—The New York Skin and Cancer Hospital, 243 East 34th street, has published an appeal and statement of facts for more liberal support, the appeal being signed by a large number of distinguished practitioners.

—A reprint on alcohol, from the *Transactions* of the Mississippi State Medical Association, by its President, Dr. B. F. Ward, of Winona, is an unreasoning attack against its use in every form, by a thoroughly prejudiced writer.

—Dr. Charles McIntire, of Easton, Pa., in a paper read before the Academy of Medicine, makes an estimate of the percentage of college-bred men in the medical profession. Of the students now in the medical schools, it does not appear that more than about sixteen per cent. have college degrees.

—The Pacific Medical College, San Francisco, is now called the Cooper Medical College, the name having been changed in accordance with the terms of a bequest. The address on the dedication of the new building, by Prof. Levi C. Lane, makes a neat pamphlet of forty-one pages.

—An interesting plan for studying the position of the stars, so that any person can instruct themselves, can be had by addressing Dr. William F. Thoms, 92 Madison street, New York city.

—Neurasthenia (neurasthenia) as a cause of inebriety is no doubt somewhat frequent, and a study of it by Dr. T. D. Crothers, of Hartford, Conn., is very timely (reprint from the *Alienist and Neurologist*).

Amputation of Arm in a Woman Aged 82.

In the *Practitioner*, Mr. Evans, of Swansea, records a case in which he amputated the forearm of a woman eighty-two years of age, who was suffering from an enormous cancerous tumor of the hand. The wound healed partly by first intention, and in thirteen days the remainder healed by granulation. She recovered without a bad symptom.

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FIBRINOUS COAGULA, A CAUSE OF DEATH AFTER OPERATIONS.

Sir Joseph Fayrer, M. D., (*Lancet*, January 13, 1883,) believes that thrombosis of the pulmonary artery and cardiac clot is a more frequent cause of death than is generally supposed, especially after wounds, operations, or injuries which involve removal of large parts of the body, or much loss of blood and great nervous disturbance. Thrombosis of the pulmonary artery and cardiac clot are neither confined to malarial climates nor to traumatic causes, for under certain conditions of disease and of septicæmia, whether traumatic or otherwise, it may occur everywhere, and not merely as a process of dissolution, but as an independent cause of danger or death, which, without it, would not have happened. In probably no condition is it more likely to occur than in splenic or malarial cachexia, in which the deteriorated condition of the blood-elaborating organs and the impoverished character of the blood are proved by the anæmia, and the tendency to disintegration and death of the tissues which is so often seen.

It is the formation of the fibrinous clots in the cardiac cavities themselves, and particularly on the pulmonic side of the circulation, which is so dangerous to life. It may set in when there is no sign of exhaustion, when repair and nutrition are going on satisfactorily, and within a short time hurry off the patient, whose dead body presents no explanation of the cause of death beyond the presence of a firm, decoloured, adherent clot in the right auricle or ventricle, perhaps extending into the ramification of, or it may be impacted in the entrance to, the pulmonary artery.

I have so far noticed the malady as it occurs in persons who are free from cardiac disease, but that it occurs in them is the more reason why it should happen to those in whom a fatty heart is superadded, especially in a hot, damp, and exhausting climate, or even when the heart, though not itself the subject of fatty degeneration, is loaded with fat, externally, or where there are dilatation, weakened muscular cardiac fibre, and, perchance, pleuritic or pericardiac effusions. In

such persons, indeed, the presence of fibrinous concretions may not be needed to determine a fatal issue. The temperature of a hot, damp night, in May or June (always the time of greatest vital depression), in Calcutta, and the shock or after-effects of an operation, or the depression following an attack of malarial fever, may be sufficient; and the patient, after a short and painful struggle of breathlessness, perishes, notwithstanding every effort to save him. This is very distressing, especially when it occurs to a person who appeared to be recovering; and it becomes a subject of anxious inquiry not only as to how it was caused, but how it may be prevented in others.

CARDIAC CIRRHOSIS.

In a recent memoir, M. Juhel-Rényon describes a special form of myocarditis, in which the valvular apparatus remains in the normal condition from the beginning to the end. This hypertrophic sclerosis of the muscular tissues of the cardiac walls, which might be termed cardiac cirrhosis, is characterized by the abnormal development of the connective tissue of the myocardium, a species of hyperplasia, commencing at the periphery of the arterioles, and gradually encroaching on the muscular substance, which becomes atrophied and is replaced by connective tissue. At the same time that many fibres become atrophied, the heart, as a whole, becomes hypertrophied. It is in the muscular portions of the mitral valve (*columnæ carneæ*, *musculi papillares*) that the degenerative lesions are most marked.

The début of cardiac cirrhosis is very insidious; later on the disease is accompanied by certain symptoms, some permanent, others recurring only at intervals.

Among the first are: 1. Weakness of the heart-beat and pulse, coinciding with increased frequency; sometimes the pulse is at 140, but regular. 2. The existence of progressively increasing cardiac hypertrophy. 3. The absence of any blowing murmur, present only in exceptional cases.

Among the inconstant symptoms may be ranged: Pain in the cardiac region, with its maxi-

mum of intensity in the fifth intercostal space; nocturnal polyuria without albuminuria.

Pulmonary congestion may occur at intervals, affecting particularly the anterior portion of the apex of one lung. Finally, at a more advanced period, all the symptoms of asystole may appear; the usual termination is death.

SYPHILIS IN THE FEMALE.

The "*Leçons Cliniques*," by M. Fournier on this subject have already passed to a second edition. He treats the subject very fully, commencing with the initial lesion, the chancre, which he considers to be as frequently present in the female as in the male, except in those cases where the disease has been communicated by conception. He, in unison with other distinguished syphilographers, admits the possibility of transmission of syphilis in that manner from husband to wife. In such a case syphilis would be inherited by the child as a constitutional malady, just as scrofula or arthritis is transmitted from the parent to his offspring; and, secondarily, the mother would contract the disease from the child, and not directly from her husband.

Notwithstanding the great authority of M. Fournier on the subject, it appears difficult to admit that the disease can be transmitted in this manner. As is well known, syphilis cannot be transmitted by direct inoculation of the sperm, and again, the primary chancre in the female so often passes unperceived. We have frequently seen M. Fournier himself point it out as a very small abraded spot on the vaginal walls, a lesion which might be very readily passed over by an unskilled observer.

M. Fournier calls particular attention to the muscular weakness in syphilitic women, which is very marked when observations are made with the dynamometer. As regards treatment, he recommends a mercurial course from the beginning, as soon as the diagnosis is definitely fixed: this should be continued with intervals of rest for about two years, and should be followed by a few months' course of iodide of potash.

PARIS HEALTH REPORT.

The report of M. Du Castel on the reigning diseases (maladies regnantes) at Paris, during the second quarter of 1882, has just appeared. The hospital mortality has been considerable—4,256, instead of 3,624 for the corresponding period of 1881. Typhoid fever, diphtheria, and lung affections have been the prime factors in this notable increase in mortality. During the quarter, 378 cases of diphtheria were treated in the hospitals, the mortality increasing from 61 per cent. in 1881 to 70 per cent. In the city there occurred 728 deaths from the malady, a very marked increase from 553 during the same quarter of the preceding year. At the children's hospital, in M. Archambault's service, 14 children contracted the malady in the wards, and 10 of the number died!

The eruptive fevers have not been quite as prevalent as regards variola and scarlatina, but the number of cases of measles has been large. The mortality from measles when contracted in the hospital wards was frightful; out of 19 cases contracted in M. Archambault's service, 14 died!

It was during this quarter that the last epidemic of typhoid fever commenced, the number of admissions into the hospitals doubled, and the deaths from this disease increased from 48 during the corresponding period of the preceding year to 100—in the city, 192 deaths instead of 97.

THE STATE BOARD OF HEALTH.

A pregnant editorial was that in one of our daily papers, which, commenting on the defeat of the bill to create a State Board of Health, said it was "because the bill was badly managed in the Legislature."

Is it not a crying outrage that such an obviously desirable and beneficial institution as a board to look after the health of the people should require any *management* at all?

It should have passed, and at once, simply on its merits.

It would be well for physicians to remind the representatives from their neighborhood that Ohio and Pennsylvania are now the only large States in the Union that have not State Boards of Health,

and to impress the importance of such an institution strongly upon them.

The health of the people constitutes truthfully the wealth of the State, and our law-makers should be plainly taught that we will not submit to trifling when questions affecting our health are concerned.

NOTES AND COMMENTS.**Origin of Bothriocephalus Latus Found in the Pike.**

That there are more sources than only pork and beef, lard, etc., from which we derive all the disagreeable parasites that infest our intestines, where they are not satisfied with the undigested food we swallow them in, but wait till the chylus has been formed to enrich themselves by this hardy aliment, and become enabled in this manner to assume those characteristic forms of animal life, which all the different "worms" undergo, when they once have put up their residence in our alimentary canal, is daily proven more. But very recently, only in December of last year, Dr. M. Braun has made a new discovery, which he published in Virchow, art. 83, p. 119. He found in the muscular tissue, the liver, seminal glands, and intestines of the pike, which lives in the fresh-water rivers of the East-Sea provinces of Russia, and in the *Lota vulgaris* regularly, the bothriocephalus scolex in rather large numbers, usually twenty to thirty. By careful experiments through the feeding of dogs and cats with the meat of the pike, he found that in the latter animal the same bothriocephalus latus (tænia) as that of the human being, only a little smaller, developed itself. There is by all means a government inspector necessary to investigate all our food, as the complications in this respect are daily augmented more.

Determination of Salicylic Acid in Milk and Butter.

This acid is often used to preserve these articles, and since a dangerously excessive quantity may be used, the following from the *Bull. de la Soc. Chim. de Paris* will prove valuable:

A. Rémont agitates 20 cc. of the milk with 2 or 3 drops of sulphuric acid in a test-tube. The agitation should be strong enough to break up the clot and form a homogeneous mixture; 20 cc. of ether are poured in, gradually at first, and the whole is shaken up until the ether is emulsified only in part. After standing, 10 cc. of the ethereal solution are decanted into an ordinary

test-tube, having a mark corresponding to a volume of 10 cc. The ether evaporates, leaving a residue of butter, which is boiled with 10 cc. of alcohol at 40%, and is then allowed to cool. We have thus 10 cc. of solution containing all the salicylic acid of an equal volume of milk. It is poured upon a filter, and 5 cc. are received in a graduated tube of 15 mm. in diameter; 2 or 3 drops of ferric chloride (diluted with 100 parts of water) are added, and the intensity of the violet color obtained is compared with that of an analogous liquid prepared from pure milk to which known proportions of sodium salicylate have been added. Butter is examined in a corresponding manner.

A New Operation for Ptoxis.

The *N. Y. Med. Jour.* January 6, 1883, says that Wecker ("Ann. d'Oc.," July-Aug., 1882) describes a new operation for the relief of ptoxis. He dissects up an oval flap of skin and orbicular muscle for a space of four or five millimetres in length along the free border of the lid. He then passes a suture through the skin above the eyebrow, about the width of the finger above the superior orbital margin, beneath the skin and muscular tissue, and brings it out at the upper part of the wound, beneath the divided orbicular muscle. He then introduces the needle again beneath the orbicular muscle near the inferior margin of the wound, and brings it out through the middle of the bridge of skin just above ciliary margin. Then, making a bridge of five or six millimetres along the ciliary border of the lid, he passes the needle and suture in a reverse direction, and brings it out just above the eyebrow. A second suture is also introduced, just like the first, and at a centimetre from it. Slight traction suffices to completely close the wound, and the two ends of each suture are then tied over a little roll of kid. The results have been very satisfactory.

Diabetic Balano-posthitis.

M. Oscar Simon attributes this affection to the development of a microscopic fungus between the glans and the prepuce. The elements constituting this parasite are mycelium and spores, but no organs of fructification can be found.

The glucose deposited from the urine, in connection with the natural sebaceous secretion between the glans and prepuce, forms a favorable soil for the vegetation of this species of parasite.

The essential part of treatment, is very strict attention to cleanliness; frequent washing out under the prepuce, etc. Dr. Simon recommends

after each micturition lotions with lukewarm water, containing a small proportion of carbolic acid; the inside of the prepuce to be then covered with the following disinfecting powder:

R.	Zinci oxid.,	℥j.
	Amyli,	℥j.
	Ac. salicylic pulv.,	℥j.
M.		

Salicylic Acid in Soft Chancres and Buboës.

Autier, *Th. de Paris*, says:

1. The efficacy of salicylic acid in the treatment of soft chancres and of buboës appears to us to be unquestionable. While not an absolute specific, it is, in our opinion, capable of being most advantageously employed.

2. Odorless, only slightly painful in its application, soluble in alcohol and glycerin, and leaving no stain on linen, it is preferable, in these important respects, to most other agents employed for the cure of the above-named affections, while perhaps inferior in certain other particulars to some among its rivals.

3. It may be resorted to in all cases, both when the sores are large and well-exposed, and when they are sloughing extensively, or are reached with difficulty; and it is equally available in private and in hospital practice.

A New Test for Impurities in Chloroform.

From the *Boston Journal of Chemistry* we note that according to Von Iyon, a solution of permanganate of potash is reduced by impure chloroform, but not by the pure article. A solution of 1 gram of permanganate of potash and 10 grams of alcoholic potash solution in 250 grams of water possesses a beautiful violet color, which at once turns green when impure chloroform is mixed with it. Von Iyon purified the chloroform by dissolving the permanganate in the least possible quantity of water, adding 20 grams of potash, and mixing this solution with the chloroform in a large flask, and shaking it from time to time. After a few hours it was decanted, and a fresh solution of permanganate added, and the operation repeated, until the latter retained its color for a few hours. The chloroform was then poured off, and dried with carbonate of potash, and finally distilled.

Extirpation of the Gall Bladder for Chronic Gall-Stones.

From the *Medical Press and Circular*, February 21, 1883, we learn that this operation has been successfully performed by Langenbuch, of Berlin,

on the 15th of July, 1882, upon a man, æt. 43, the urgency of whose symptoms justified the risks of the operation. The details of the case were given in the *Berliner Klin. Wochenschrift*, November 27, up to which date the patient's health had steadily improved. Dr. Langenbuch regards this operation as a safe and justifiable one, since it is easy of performance, and the organ removed is not one the existence of which is necessary to life. The steps of the operation are fully described. He recommends it to be performed only by a practised surgical hand, and under the guarantee of the most rigid antiseptics. If very distended, the gall-bladder may be aspirated, thus preventing the chances of rupture and escape of contents into the abdominal cavity.

The Treatment of Pneumonia.

Prof. Bamsler, of the University of Friburg, Baden, directs his efforts chiefly towards sustaining the patient's strength until the disease leaves him—so he says in a letter to Dr. W. Thornton Parker, (*N. Y. Med. Record*, March 3, 1883). The pyrexia being a chief cause of exhaustion, the endeavor is to keep down the body-heat, which he does by cold baths, wet packing and quinia in 15 to 20 gr. doses, in the evening, or grains 60 to 80 of salicylate of soda within an hour in the middle of the night.

The patient's diet must receive careful attention. See to it that he is sufficiently nourished, as by broths, beef tea, milk, and a half to a pint of light wine, in twenty-four hours.

When there are pleuritic pains, an ice bag is applied to the chest.

Restlessness, great pain or diarrhœa, is to be met by morphia or Dover's powder.

If bronchial catarrh is a prominent symptom, ipecacuanha in infusion is administered. He never employs sweet spirits of nitre in pneumonia.

Hydatid Cyst in the Prostate Gland.

At a recent meeting of the Société de Chirurgie, M. Tillaux reported the following interesting case. A man, 43 years of age, presented himself at the hospital, suffering from retention of urine and rectal obstruction.

On local examination, a large tumor was found in the rectum; there was intense pain, which seemed to increase rapidly in intensity. M. Tillaux, considering it to be a liquid collection, made an incision, which was followed by the issue of a large quantity of clear liquid. The following day a small hydatid was found in the discharge, and others appeared for several days after. Hy-

datid cysts occupying the prostate gland itself are of very rare occurrence, but Davaine made mention of such cysts in the cellular tissues about the prostate and other organs of the pelvic cavity.

Synthesis of Salicin.

New Remedies, March, 1883, tells us that by the action of sodium amalgam upon helicin—the oxidation-product of salicin—Lisenko succeeded in reproducing salicin. Michael has tried the same process with artificial helicin, and has likewise succeeded in producing salicin.—*Berichte*, 1882, 1922.

Artificial helicin is prepared (according to Michael, *Am. Chem. Journ.*, 1, 309) by mixing an alcoholic solution of acetochlorhydrase with salicylate of potassium.

Infusion of Chamomile as a Remedy for Infantile Diarrhœa.

Christopher Eliot, M. D., writes, in *The Practitioner* of December, 1882, that he now seldom employs any other remedy than infusion of chamomile (*Anthemis nobilis*) in infantile diarrhœa. It is especially useful for the diarrhœa occurring during dentition, when the stools are many in number, green or slimy, and streaked with blood. Pain or cramp especially indicate its use, and a few doses will quickly calm a fretful child. $\frac{3}{4}$ ss. to $\frac{3}{4}$ j. of the infusion may be given to a child under one year of age, or double that quantity to a child over that age, and it may be repeated thrice or oftener daily, according to the severity of the case.

Solution of Bromide of Arsenic.

It consists of

Arsenious acid	1 part
Carbonate of potash	1 "
Bromine	2 parts.
Distilled water, to make	93 "

Boil the carbonate and the acid with most of the water until dissolved; when cold, add the bromine and water enough to make the prescribed quantity. It is said to improve by age, owing to the combination of the bromine. The dose is one to four drops in water, once or twice daily.

New Remedies tells us that it is intended as a substitute for Fowler's solution, and was first proposed by Dr. Clemens, of Frankfurt am Main.

Administration of Aspidospermine.

This active principle of quebracho bark, which has lately acquired some reputation for the relief of difficult breathing attending asthma, emphysema, phthisis, etc., is given in doses of about

one-third of a grain; the dose of the bark being about half a drachm. Eulenberg gives in the *Medicinal Kalendar* for 1883 the following formula for its exhibition:

Aspidospermine gr. xv.
Distilled water fl. $\frac{3}{4}$ iss.
Sulphuric acid q.s. to make
a solution.

M. Dose, 15 minims.

Removal of Stains of Bichromate of Potassium.

New Remedies, March, 1883, says: Those who work in chromic acid or bichromate of potassium are apt to acquire stains of the hand which are both disagreeable and persistent. *The Photographic News* gives the following directions for their removal: Rub the stains with a solution of sulphurous acid, and subsequently wash with distilled or soft water. Or, to a warm, strong solution of hypo-sulphite of soda add a small quantity of sulphuric acid; this may then be used on the stains with similar effect.

Crayon-feu.

This name has been given by Dr. A. Moser, of Paris, to crayons which may be used as moxæ for cauterizing poisoned wounds, bites of rabid dogs, etc. It has a conical shape, and is composed of the following ingredients:

Charcoal 30 parts.
Nitrate of potassium 4 "
Iron, powdered 5 "
Benzoin 1 "
Excipient (acacia, etc.) q. s.

To be made into forty crayons.

SPECIAL REPORT.

NO. XII.—OPHTHALMOLOGY.

BY CHAS. S. TURNBULL, M. D.

The Following, from the Progress of Ophthalmology During the First Quarter of the Year 1882, by H.

Magnus, Breslau; C. Horstmann, Berlin; A.

Neiden, Bochum, and others, are of Particular Interest.—*Archiv. of Ophthalmol.*, vol. xi., No. 3.

Bull, C. S. *Treatment of facial scars affecting the lids either directly or indirectly.* *Trans. Amer. Ophth. Soc.*, 1881. Bull advises the systematic use of massage, and relates three cases in which this mode of treatment produced good results.

Kümmell. *On stretching of the optic nerve.* *Deutsche Med. Wochenschr.*, 1882, No. 1. The conjunctiva is incised in the lower outer quadrant, between the external and inferior recti, a squint-

hook inserted between them, and passed along the globe; and the optic nerve, felt as a tightly-stretched cord, seized from above; a few strong tractions are then exerted. The connective tissue of the orbit is scarcely irritated at all by the operation. As to the therapeutic results of this procedure, which thus far has been tried in seven cases, nothing can be said as yet.

White, J. A. *A simple way of performing opticociliary neurotomy.* *Va. Med. Monthly*, Dec., 1881. He makes the incision in the conjunctiva, between the upper and outer recti. A strabismus-hook is then inserted, and under each of these muscles, and by them the eye is pulled down and toward the nose. The wound is then rendered more open by inserting a small lid-elevator under the upper lid of the incision. Through this opening the scissors are introduced, and the nerves divided. The eye is then rotated on its axis by the double hook of Knapp, and the posterior part of the sclerotic is carefully cleaned. He has operated on three cases with success by this method.

Chisolm, J. *A singular case of hostility to the local use of atropia and duboisia*; the first causing facial erysipelas—the second, temporary insanity in a patient 70 years of age. *Maryland Med. Jour.*, Dec. 15, 1881. (Burnett.)

Cuisnier. *Pilocarpine in ocular therapeutics.* *Semaine Med.*, January, 1882, No. 4. The incipient atrophy of the optic nerve. Care must be taken in patients suffering from heart disease or atheromatous degeneration.

Emmert. *Hyoscinum hydroidatum*, A. f. A., vol. xi., 2. Its myotic action is very powerful, and is surpassed by no other remedy. A solution of 0.01:10.0 is sufficient. The conjunctiva bears it well.

Fronmüller. *Poisoning by pilocarpine.* Atropine as an antidote, also homatropine. *Memorabilien*, vol. ii., 1.

Juhász. *Case of atropine-poisoning, cured by pilocarpine.* *Klin. Monatsbl.*, March.

Lange. *Iodoform in blennorrhœa neonatorum*, *Petersburg Med. Wochenschr.*, 1882, No. 10. Acts injuriously; luxuriating granulations develop upon the conjunctiva, which finally become so extensive as to injure the nutrition of the cornea, and thus favor the development of corneal lesions.

Pajzderski. *The action of iodoform salve in ophthalmology.* *Inaug-Dissert.*, Greifswalde, 1882. One part of iodoform to fifteen of vaseline. Contra-indicated in iritis. Very useful in clearing up the cornea in serofulous pannus and maculæ corneæ.

Berger. *Remarks on the capsule of the lens.* *Centralbl. f. prakt. Augenheilk.*, Jan., 1882. The

capsule consists of lamellæ, of which the outermost one is connected with the zonula Zinii; the lamellæ are united by a cement which is loosened or dissolved in a solution of permanganate of potash. There are nuclei in the lens-capsule of the fœtus. The lens-capsule may be classed as connective tissue.

Eversbusch. *Comparative studies on the finer structure of the iris.* 1. The anatomical reason of the slit-shaped pupil. First communication, *Zeitschr. für vergleich Augenheilk.*, 1882. 1. The following observations were made on the horse: 1. An uninterrupted muscular layer, as it has been described in man and the rabbit, does not exist in the iris of the horse. There are no arcades as can be shown to exist between the dilatator and sphincter pupillæ in man and the rabbit. The connecting links between the dilatator and sphincter pupillæ are simply muscular bands, the arrangement of which may be best compared to the spokes of a wheel. The oblong shape of the pupil of the horse is explained by the existence of an auxiliary apparatus which is attached to the surface of the lens at points corresponding to the shorter diameter, which might be called ligamentum inhibitorium or triangulare iridis.

Preiss. *The lymph-spaces of Descemet's membrane, and their connection with the cornea.* At the same time a contribution to the knowledge of the anastomosing corneal cells and their termination on the surface of the endothelium. *Virchow's Arch.*, vol. lxxxvii., 1. On the posterior surface of the cornea a system of tubes (lymph-ducts) can be demonstrated, which lie within the endothelial cells and their immediate substratum. The tubes are connected with the spaces between the endothelial cells and their nuclear membranes, and also with the lacunar spaces.

111. Risley, S. D. *A new trial-glass frame.* *Trans. Amer. Ophth. Soc.*, 1881. Two bars which slide past each other through a wedge-shaped block, have attached to them the two semicircular grooves for holding two lenses, with some hooks by which an additional lens can be added. This arrangement allows of a lateral movement of the lenses amounting to 16 mm., or a pupillary distance varying from 50 to 60 mm. It can be held in the hand by means of a handle, or the ordinary spectacle bows can be attached.

These frames can be had of Ivan Fox, optician, No. 1608 Chestnut street, Philadelphia.

Ehrlich. *On induced fluorescence of the eye.* *Deutsche Med. Wochenschr.*, 1882, Nos. 2-4. Ehrlich recommends subcutaneous injections of

fluorescein for studying the changes of nutrition, which cause very intense phenomena of fluorescence in the eye. He has shown by these experiments that the interior surface of the iris has nothing to do with the reproduction of the aqueous humor, which comes entirely from the posterior chamber. The liquid is not derived from the vitreous by transudation, but is principally secreted by the blood-vessels of the ciliary body. Under normal conditions, the aqueous humor is secreted in an entirely different manner; two centres of secretion exist at the periphery of the iris, an anterior nasal and a temporal one; they throw the liquid with a certain force and in a fixed direction upon the posterior surface of the cornea, after which the stream moves in a horizontal direction. An angle is formed at the point where the currents meet. The secretion of the posterior chamber is widely different from the aqueous humor.

Gradenigo. *Auscultation of the eye.* *Am. d'Otalm.*, vol. x., 6. Three kinds of sounds may be heard on the eye: 1. A muscle-sound, resembling the sound of humming of flying insects. 2. Sounds heard at inspiration and expiration; and due to respiratory organs, as the nose, etc. 3. A sound heard when the muscles contract; it is clearly defined, and can be easily distinguished from the others. (Dantone.)

Kroner. *The perceptions of the new-born.* *Breslauer ärztl. Zeitschr.*, February 18, 1882, No. 4. A new-born child cannot control the motions of the muscles of the eye. There is perception of light. The reflex-arch from the optic nerve to the facial nerve supplying the lid and the branch of the oculomotor nerve supplying the iris is completely developed. In regard to the motion of the eyes, he inclined to think that at birth there is no performed nervous mechanism ready to exercise binocular symmetrical vision.

Pfüger. *The nutrition of the cornea.* *Klin. Monatsbl.*, March. The cornea is not nourished by the aqueous humor, as Knies & Weiss erroneously maintain, but from the conjunctiva and sclera. In general the conjunctiva nourishes the superficial, the sclera the deeper layers of the cornea. Within the cornea the lymph-current flows in a centripetal direction from all points of the periphery, then turns inward, and enters the aqueous humor. No centrifugal counter-current of any consequence from the aqueous humor into the cornea exists.

Schöler and Uthoff. *The significance of fluorescein for the exchange of liquids in the eye.* *Annual report for 1881.* Berlin, 1882. They came to the following results: 1. Under normal conditions.

the iris does not cut off the communication between the anterior and posterior chambers; the aqueous humor being constantly renewed from the latter. 2. A current passing from the vitreous through the zonula or Petit's canal and the iris into the anterior chamber, does not exist. 3. The anterior surface of the iris does not take part in the renewal of the aqueous humor, which is derived from the blood-vessels of the ciliary body and the posterior surface of the iris, the "secretory angle." This current gives rise to Ehrlich's line, which always begins behind the iris, at the edge of the pupil. 4. The secretion from the "angle" does not take place simultaneously over its whole surface. 5. The greater part of the current which exists in the eye flows along the iris, through the pupil into the anterior chamber, a small portion of it going into the lens through Petit's canal and into the vitreous. Vitreous and anterior chamber are therefore not separated from each other. 6. If the fluorescein before its discharge has passed the vascular system of the eye (subcutaneous injection), only a small part of it enters the lens and vitreous, the effect of which soon disappears. If, however, it is injected into the anterior chamber, a large proportion is absorbed by the lens; but when injected into the vitreous, it enters the lens only when it has previously passed into the anterior chamber. 7. The colored fluid is absorbed by the lens from the corticulis toward the nucleus, and disappears in the same order. The innermost parts of the nucleus become colored only after two to three weeks. 8. The vitreous does not participate in the nutrition of the lens, as the latter remains uncolored for days, though the whole vitreous is deeply stained, provided the aqueous humor had not previously become colored. This latter event, after an injection into the vitreous, favored and produced as it is by an increase of tension in the vitreous and a decrease in the anterior chamber, does not take place through physiologically pre-existing paths. 9. Opening the anterior chamber (puncture, sclerotomy, iridectomy) changes both quantity and quality of the fluid discharged from the secretory angle, and in this manner influences the nutrition of the lens and vitreous. 10. The secretion of the aqueous humor is controlled by nervous influence. Division of the cervical branch of the sympathetic nerve, with or without excision of the superior cervical ganglion, causes the appearance of the colored secretion in half the normal time, and decreases the quality of the secreted liquid. The subcutaneous injection of fluorescein is therefore a new method of determining tropho-

neuroses of the eye which thus far could not be diagnosed. Secretory and oculo-pupillary fibres of the sympathetic nerve spring with separate roots from the spinal cord, so there are special secretory nerves for the eye. 11. Intracranial division of the trigeminus hastens, increases, and changes the secretion of the eye still more than division of the cervical branch of the sympathetic nerve. 12. As division of $\frac{3}{4}$ of the nerve in the posterior section of Gasser's ganglion does not alter the secretion in the eye, provided the most medial part be preserved, the secretory fibres must be within the medial fourth.

Schmidt-Rimpler. *The specific reaction of the optic nerve for mechanical irritation.* Centrabl. f. d. med. Wissensch., 1882, No. 1. Direct irritation of the optic nerve with a pear-shaped electrode, in patients whose eyes had recently been enucleated, showed that the optic nerve has a specific reaction, which manifests itself to the patients as a sensation of light.

Häuselmann. *Popular treatise on color perception.* Zurich, 1882, with eight colored plates. For use in academies, high schools, seminaries, trade-schools, and self-instruction of artists and laymen. It is divided into a theoretical and a practical part. The former contains the commonest physiological and physical phenomena; the latter treats of the use of colors in painting. He accepts the evolution of the color sense from the light sense, and advocates educating the color-sense.

Jeffries. *Color-names, color-blindness, and the education of the color-sense in our schools.* Educational International Magazine, vol. ii., 4. March-April, 1882. Advocates the system of Magnus.

Hasner. *Ankyoblepharon filiforme adnatum.* Zeitschrift f. Heilk., vol. ii., p. 429. In a child two days old a thread of skin 1 cm. long, and as thick as a thread, was found stretching from the outer margin of the one lid to the other, which tore on the fourth day. It consisted of neoplastic fibrillary tissue.

Lewkowitsch. *Congenital partial symblepharon.* Klin. Monatsbl. f. Augenheilk., vol. xx., p. 14. In a boy 12 years old a horizontal bridge of mucous membrane without blood-vessels was found, which sprang from the inner surface of the outer canthus, and ended with a fan-shaped insertion on the posterior part of the conjunctiva.

Tosswill. *Ectropion successfully treated by transplantation of skin from the arm.* Mr. Louis Tosswill, of Exeter, reports a case of ectropion, due to an extensive burn which was successfully treated by his method. The eversion of the lids was so extensive before the operation that the

globe was exposed during sleep. This was rectified by the operation, and the transparency of the inflamed and opaque cornea was restored. *Brit. Med. Jour.*, January 7, 1882, p. 9.

Lawson, G. *Ectropium of the upper lid remedied by transplanting a piece of skin from the arm.* *The Lancet*, January, 1882, p. 13. Lawson operated for ectropium by transplanting a piece of skin from the arm, with good result.

Abadie. *Plastic surgery of the eyelids.* *L'Union Med.*, 1882, No. 8, p. 87. In a girl 20 years old an ectropium was formed after an extensive destruction of the skin, the forehead, and the temple by burn. The edge of the lid was freed by a cut 6 cm. long, and a piece of skin taken from the arm transplanted into it, which healed in well. The author advises to keep the transplanted flap warm during the first forty-eight hours.

Rampoldi. *Ann. d'Ottalm.*, vol. xi., p. 31. R. reports a case of congenital phimosis and ptosis. The muscles of the lids were completely atrophic.

Teillais. *Elephantiasis of the eye-lids.* *Arch. d'Ophth.*, vol. ii, No. 1, 1882. In a woman 75 years old, a large, fluctuating tumor of both upper lids was found, which hung down upon the cheeks. It contained a serous liquid. Both tumors were excised. The microscopic examination showed reticulated connective tissue, with small and large meshes, atheromatous degeneration of the blood-vessels, marked development of the lymph-vessels, and around them an infiltration of round cells.

Theobald. *What constitutes insufficiency of the internal recti muscles?* *Amer. Jour. Med. Sci.*, April, 1882. T. has found a degree of insufficiency, ascertained by means of the vertical diplopia test, in a large number of eyes where there was no complaint of asthenopia. He is at loss to know where to draw the line between normal and pathological insufficiency. He, therefore, concludes that a very considerable divergence (even of 22° for the vertical line and dot test of Grafe) does not of necessity indicate a pathological insufficiency of the int. recti. (We quite agree with Theobald, and add query No. 2.—C. S. T.)

Stelwag. *Papers on practical ophthalmology.* Complement to the text-book. Vienna, 1882, No. 7. Genuine convergent strabismus must be explained as an excess of convergence, which latter naturally is coordinate to the accommodation practiced to reduce the great strain upon the accommodation; and gradually becomes a habit; this excess of convergence is voluntary, though not practiced from choice. *The result of the squint-operation, in many cases so brilliant, is really not a true cure, but a masking of the affection.*

Tessut. *Recherches sur le mode de cicatrisation du tendon après la strabotomie*, *Rec'd Ophth.*, February, 1882. After the tenotomy of a muscle, the end of the tendon again attaches itself to the sclera by means of fibrous bands, more seldom to the conjunctiva. Care should be taken in dividing the tendon of the internal rectus, as the muscle withdraws to a considerable degree.

Boucheron. *De la cure de strabisme convergent, intermittent par les mydriatiques ou les myotiques.* *Arch. d'Ophth.*, vol. ii., 1. Atropine treatment is useful in the beginning of periodic convergent hypermetropic squint, as it paralyzes the accommodation, and thus prevents the tendency toward excessive convergence. The atropine cannot be dispensed with, until not even a momentary strabismus is apparent when looking at an object held close. Glasses completely correcting the hypermetropia should then be worn. Eserine may be given at the end of the atropine treatment, and in those rare cases in which convergence increases under mydriatics.

Morano. *Contributions to the pathology of strabismus.* *Giorn. delle Malatt. degli Occhi.*, vol. v., February, 1882. Convergent squint in a child 20 days old; five days previously a violent catarrh of the lachrymal ducts and the conjunctiva had set in. The squint did not disappear until two months after the inflammation had ceased. The author thinks that an inflammation of Tenon's capsule was the cause.

Coppez. Neuralgia of twenty years' standing cured by stretching of the infra-orbital nerve. *Ann. d'Ocul.*, January-February, 1882, p. 59. A miner of 51 had suffered from neuralgia of the right side of his face for twenty years, which had resisted all remedies. It was cured by stretching the infra-orbital nerve.

Imre. A rare case of osteoma of the orbit. *Centralbl. f. A.*, 1882, p. 41. The author saw an osteoma of the orbit in a woman 62 years old, 8½ cm. long, 6½ cm. thick, and 6 cm. high. It was said to have existed for 42 years, and had so displaced the eye that the cornea was on a level with the corner of the mouth. The tumor was cast off spontaneously after an inflammation which lasted a year. Healing was good, and the eye almost regained its original position.

(To be continued.)

—The milk-thistle is said by Dr. Lessenwitsch to be serviceable for the relief of hæmoptysis, he having tried it in five cases, using the tincture in doses of fifteen to twenty drops in a teaspoonful of water every two hours.

CORRESPONDENCE.

Premature Dentition.

EDS. MED. AND SURG. REPORTER:—

A few days since, while making a friendly visit to a patient I attended in confinement five weeks ago, I asked her how her baby was doing. She remarked, "Very well, indeed; it has two teeth." Upon examination of the mouth I found the two lower central incisors perfect and well formed. The mother stated that she first noticed the teeth on the ninth day after her confinement. As she did not have occasion to examine the child's mouth before that time, it may have been born with the teeth; at any rate, the teeth were there when it was nine days old.

The child is a female, well developed, of medium size, and apparently in good health.

Cases in which there have been teeth at birth are very rare. J. Lewis Smith speaks of having met with one or two such instances.

I have frequently observed the size of the fontanelles in these cases of abnormal dentition. In this instance, both fontanelles were well closed.

In a case of retarded dentition seen by me some time ago, (the patient, a boy, twenty-six months of age,) the two upper and two lower central incisors only had appeared, and both fontanelles were as large as they usually are at birth. The boy was of a nervous temperament, ordinary size, and not of scrofulous disposition. I attended this boy during several attacks of sympathetic convulsions, which attacks, the mother informed me, he has had three or four times during the past six months. The gums were in a normal condition, and the convulsions did not seem to be caused by the delayed dentition.

What relationship there can be between dentition and the state of the fontanelles, I cannot see, unless by some means or other it be a too rapid or too slow formation of phosphatic matter in the system.

D. A. HENGST, M. D.

Pittsburgh, Pa.

Veratrum Viride in Eclampsia.

EDS. MED. AND SURG. REPORTER:—

Was called February 5, 1883, at midnight, to attend Mrs. Addie B. T., primipara, and found on my arrival that she had had four convulsions; and I witnessed one of the severest convulsions I ever saw. I found the pulse full and bounding, face flushed, and the lady had complained of excruciating pain in the head, but none at all about the uterus. She was flowing slightly, but the os was not dilated and the parts seemed rigid, with no sign of labor, although she was at term. I gave fl. ex. veratrum viride gtt. iv. The pain left the head for the uterus, the pulse became softer, the convulsions ceased, and she was delivered at 6:30 a. m. of a fine healthy girl baby, weighing 8½ lbs. Both mother and child doing well. This patient was quite stout and plethoric, and there was considerable œdema of the limbs and other parts, for which appropriate remedies were given, but the œdema did not entirely disappear until about fifteen days after the labor.

CHAS. FULLER, M. D.

Lincoln, Maine.

Danger in Use of Convallaria.

EDS. MED. AND SURG. REPORTER:—

Noting the increase of the literature on the successful use of this new drug in cardiac disturbances, I secured the fl. ext. convallaria of Parke, Davis & Co. But before experimenting with it on human subjects it was fairly tried on animals by hypodermic injections. Two large, well-developed kittens were taken first. The first cat had injected, merely under the skin, 5 drops. The symptoms were, general uneasiness, arching back, rapid oscillation of the eyeballs, and the senses were exalted. The cat uttered a low purr like a mucous rale. It played in a few minutes. The second cat was injected with about 8 drops, and had almost the same symptoms as the first, except that they were highly intensified, and accompanied with more pain. I then gave the first cat 10 drops more. Soon vomiting occurred, with great pain. The cats would cry out. Death quickly closed the scene of the cats.

Eight drops killed one, and fifteen drops killed the other. Another experiment proved that four drops would kill a dog.

It may be that different samples of the fl. ext. of convallaria differ or vary in strength. But does this prove to be a safe remedy? Is it not a little dangerous in the hands of the younger members of the profession? It was given a fair trial here, and death is the result. Results are of some importance in medicine. Dr. Taylor, of New York, called our attention to its use in apparently heroic doses. He reports giving ʒij., t. i. d.

It does seem that such heroic use of such a dangerous drug will bring it into disrepute by imprudent and rash administration. It will tend to dismiss the drug before time is given to test its real utility.

We hope this will, at least, serve as a warning to some young physicians that it is well to make haste slowly in the use of "new remedies"—yea, to await further proof that convallaria is even an adjuvant to digitalis.

F. B. ROBINSON, M. D.

Grand Rapids, Wisconsin, March 13, 1883.

[The observations of our correspondent are accurate, but not new. The *National Dispensary*, pp. 458-9, mentions that convallaria administered hypodermically to small animals arrests the heart in systole, and produces convulsions. It is, of course, well to be cautious in its use, but there does not appear to be any special danger in this remedy.—EDS. REPORTER.]

NEWS AND MISCELLANY.

Errata.

In Dr. Gaston's article in our issue of December 16, 1882, the following corrections should be made:

On the first page, second column, and last paragraph, for Lonza read *Souza*, and also on page 677 in second column. On page 675, first column, middle of second paragraph, for connection read *correction*. On page 676, at the bottom of second column, for 29th read *24th*. On page 677, first column, fifth line from the bottom, for chlorodyne read the word *collodion*.

Hygiene and Sanitary Medicine.

We are informed by a correspondent that *Hygiene and Sanitary Medicine* have formed a part of the curriculum of studies at the American Veterinary College of New York city for a number of years.

Hot Soda.

The *Pacific Medical and Surgical Journal* remarks: As is well known, hot water cannot be charged with carbonic acid. The so-called "hot soda," which, with coffee or chocolate, with cream and syrups, forms such a palatable drink, is hot water drawn under pressure and in a fine stream through the usual soda apparatus.

Advertising in Lay Journals.

The Irish College of Physicians has followed in the steps of the English College in adopting the following resolution: "That the advertisement of medical books in other than medical publications, and the giving by any of the licentiates, members, and fellows of the college, whether for publication or not, of laudatory certificates of medicinal or other preparations, or medicinal or surgical appliances, is misleading to the public, derogatory to the dignity of the profession, and is censurable by the college."

Regulation of Prostitution in Cleveland.

Regulation of prostitution is to be tested again in Cleveland. Weekly examination of the women in the brothels is to be practised, and women found to be diseased are to be sent to a special hospital, and their property cared for at the expense of the proprietor or owner. In most respects the system adopted there is the same which was tried in St. Louis some years ago. There will be the same opposition and the same difficulties to encounter, and in all probability the result will be a similar failure.

A Stinging Tree.

The *Gardener's Chronicle* gives an interesting account of the effects of the stinging tree, *Laportea gigas*. The pain produced by the sting of a single hair on the right hand gave rise to remarkable symptoms, the pain being confined to the right side of the body and being succeeded by a numbness and slight paralysis. Besides the pain, a sensation of losing the senses, or rather of becoming insane, was experienced. The severe symptoms lasted two hours; the spot pricked remaining constantly painful for nearly a month after being stung.

Post-Mortem Injuries from Insects.

The *Med. Gaz.* calls attention to the injuries resulting from the stings of ants in an actual case (*Pharm. Zeitung*, No. 102, 1881). On the corpse of an infant, which had died from convulsions, considerable injuries, simulating those of an *ante mortem* character, and which might have given rise to a false charge of violence, were observed. It was conclusively proved that the origin of these was due to the action of ants after death, and

formic acid was extracted from the injured portions of the corpse.

Prescribing by Telegraph.

The *Electrician* publishes the following: An employee of the the Eastern Extension Telegraph Company, stationed at Cape Bolimao, Manilla, had a narrow escape the other day, having taken 10 grains of sugar of lead in mistake for a similar quantity of ammonia. He telegraphed for advice to the Hong-Kong telegraph office. Dr. Hartigan, of that city, came down to the office, and sent him advice per cable, which resulted in his recovery. The distance between Hong-Kong and Cape Bolimao is about 555 miles. Probably this is the first time that a doctor has prescribed for a patient over 500 miles away from him.

Dead Drunk.

"Dead drunk" is described by savants of the Paris Biological Society to be a condition in which there is a proportion of one part of alcohol to 195 parts of blood in the circulation. Should the proportion ever come to be one part of alcohol to 100 of blood, death would ensue. This might happen, and, in fact, has happened repeatedly, where a very large quantity of alcoholic liquor is swallowed at one time and quickly. In ordinary drinking consciousness is lost, and with it the power to drink more, before the proportion of alcohol in the circulation becomes fatal.

The Association of American Medical Editors.

The next annual meeting of the Association of American Medical Editors will be held in the city of Cleveland, Ohio, simultaneously with that of the American Medical Association, on June 5th and 6th, 1883. The subject of the address to be delivered by the President, Dr. N. S. Davis, Chicago, is "The present status and tendencies of the medical profession and medical journalism." A free discussion upon this important subject is invited, which will be open, not only to members, but to all physicians present. Dr. Marcy's address will be upon the subject of "Journalism devoted to the Protection and Concentration of Medical and Surgical Science in Special Departments."

J. V. SHOEMAKER, M. D., Secretary.

An Incident of Cremation in India.

The *Pull Mall Gaz.* tells us that a few years ago the Babus of Calcutta, hearing about a new cremation apparatus invented in America, called a "public meeting," where the members expatiated on the virtues of the new machine, and subscribed for it on the spot. The order was sent, and in due time came the much-coveted apparatus. The Babus received it with due honors, and placed it in one of the principal burning ghauts. After all the prescribed *sanskars*, they brought the dead body to the machine. But here, for the first time, they became conscious of a slight difficulty—they did not know how to use it! They consulted machinists and sanitary doctors, who pronounced the apparatus perfectly useless for the cremation of a Hindu body with the ceremonies enjoined by the Shastras. Great was the disap-

pointment of the reformers. But they called another meeting, addressed each other in long-winded orations, consulted the authorities, but all to no effect, when—oh happy thought!—"Brothers," said one of the reformers, "the best plan would be to burn dead bodies near the machine when we cannot do so in the machine!" The solution was received with cheers. The machine may be still found adorning the ghaut, and round about it are dead bodies burned in the orthodox fashion. Thus are the gods of Babudom propitiated, and thus the spirit of sanitary reform vindicated!

The Death Lists of New York and Berlin.

Gaillard's Med. Jour. contains the following mortality tables for 1882, received from the authorities of Berlin by Dr. John T. Nagle, making possible a comparison between New York and Berlin in this respect. The population of both cities is nearly equal, that of New York being 1,279,560; of Berlin, 1,174,293. The total number of births in Berlin last year was 44,466; in New York only 27,321 were reported, but the real number was probably about the same as in Berlin. New York recorded 37,924 deaths, outstripping Berlin by more than seven thousand, the number reported there being only 30,465. The infant mortality was strangely alike; of children over five years 17,520 died in New York and 17,266 in Berlin. As to the diseases that were most fatal, the following table will show some suggestive facts:

	New York.	Berlin.
Smallpox	259	5
Measles	913	144
Scarlet Fever	2,066	604
Diphtheria	1,525	1,914
Croup	729	220
Whooping-cough	658	292
Typhus Fever	65	1
Typhoid Fever	362	356
Phthisis Pulmonalis	5,251	3,791
Pneumonia	3,472	1,823
Bronchitis	1,583	856
Diarrhœal Diseases	4,050	4,556

Personals.

—The Medical Society of Scott county, Iowa, has elected Dr. Jennie McGowen, a well-known female physician of Davenport, as its president for the ensuing year.

Items.

—Quain's Dictionary.—A Warning.—On page 1181, article *Phthisis*, the dose of pierotoxine is given as grain $\frac{1}{2}$ when it should be grain $\frac{1}{8}$.

—"Alcohol," said the professor, "has killed more people than yellow fever." "That is true," said the somewhat bibulous student; "but that is only because more have taken it."

—Frequent micturition, where no special cause appears, is best treated by passing a weak galvanic current from the lumbar region to the region of the bladder.—*British Med. Journal*.

—An extreme opinion of carbolic acid is expressed by Prof. Chandler, of New York. He

says "all the money spent for carbolic acid is practically wasted." Proper plumbing, ventilation, and cleanliness, do the work.

—One physician at Urbana, Ohio, said that another had killed a small-pox patient by mistaking the disease for measles. The retort was that the first accuser had caused a death by something worse than a blunder. Suits for damages are in progress.

—Once it was suggested to the Emperor of Austria that he establish a hospital for fallen women, as is done in London. He is said to have replied that he had not money enough to roof over the whole of Vienna.

—Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before and after the dose, to blunt the sense of taste, and the dose between them in a wine-glassful of iced water, renders it easily taken by most persons.—*Squibb's Ephemera*.

—U. Kreusler, of Bonn, and E. Budge, of Constantinople, have obtained a patent for a mode of preserving rubber goods from hardening and cracking, which consists in steeping them for about a minute in melted paraffin, and drying in a room at a temperature of about 100°.

—In the Société de Biologie, Paris, Rabuteau announced that he had demonstrated in *Cacodyle* properties analogous to curare, and that, in doses considerably elevated, the substance resembled the arsenical compounds in its physiological properties.

—"Have you ever tried the faith cure?" asked a long-haired, sallow-faced stranger, addressing a gentleman who sat behind him in a street-car. "I have," was the answer. "Do you believe in it?" "I do." "May I ask, then, of what you were cured?" "Certainly. I was cured of my faith."

—There are in the four Universities of Switzerland—Basle, Berne, Geneva, and Zürich—a total of 543 medical students, of whom 51 are women. The largest class is at Zürich, where the number is 180. At Berne the number is 164. There are women medical students at all the universities except Basle. At Berne there are 26, at Zürich 17, and at Geneva 8.

—Soak glue in strong vinegar, heat it to boiling, and add to it a quantity of fine flour, until it becomes rather thick. This paste adheres strongly to glass, etc., and may be kept, without spoiling, in a wide-mouthed, glass-stoppered bottle. Should it become too thick, a small quantity may be removed and warmed, when it may be readily applied to paper.

—To make cement for glass: Dissolve 1 part of caoutchouc in 64 parts of chloroform, add 16 parts of finely-powdered mastic, and let the mixture stand in the cold until the mastic is dissolved. If more than the above quantity of caoutchouc is taken, the resulting cement will be more elastic. When using it, it should be applied with a brush to the broken surfaces.

MARRIAGE.

PEABODY—KENNARD.—In Omaha, Neb., February 23, 1883, by the Rev. James Patterson, John D. Peabody, M. D., and Virginia F. Kennard.